

Rev. 12/15

UNITED STATES BANKRUPTCY COURT
District of North Dakota

IN RE:

Vanity Shop of Grand Forks, Inc.

Bankruptcy No: 17-30112

Chapter: 11

Debtor(s)

AMENDMENT COVER SHEET

Schedules and Statements Amended (check all that apply):

- ☐ Voluntary Petition (describe change) _____
- ☒ Summary of Assets and Schedules and Liabilities and Certain Statistical Information
- ☐ Schedule A/B - Property
- ☐ Schedule C - The Property You Claim as Exempt
- ☐ Schedule D - Creditors Who Hold Claims Secured By Property
- ☒ Schedule E/F - Creditors Who Have Unsecured Claims
- ☐ Schedule G - Executory Contracts and Unexpired Leases
- ☐ Schedule H - Codebtors
- ☐ Schedule I - Your Income
- ☐ Schedule J - Your Expenses
- ☐ Declaration Concerning Schedules
- ☐ Statement of Financial Affairs
- ☐ Attorney's Disclosure of Compensation
- ☐ Statement of Intention for Individuals Filing Under Chapter 7
- ☐ Statement of Current Monthly Income
- ☐ Other _____

If amending schedules D or E/F, the amendment is to:

- ☒ Add new (*additional notice parties for*) creditor(s) (*Notice to Creditor(s) of Amended Schedules(s) must be served and filed*)
- ☒ Correct or Delete Information *Delete Eide Bailey as unsecured creditor*

Describe changes made: Add additional notice parties to Schedule F and Stores Listings and Landlords attachment.
(Examples: Added or Reclassified Creditor "X"; Add or modified exempt property "X")

DECLARATION

I certify under penalty of perjury that the foregoing is true and correct, and that the attached amendments are true and correct.

DATED: June 22, 2017

Signature



James Bennett
Debtor1

Debtor2

Fill in this information to identify the case:

Debtor name **Vanity Shop of Grand Forks, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF NORTH DAKOTA**

Case number (if known) **17-30112**

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$	0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$	11,956,195.94
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$	11,956,195.94

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$	9,572,538.17
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$	0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$	7,906,724.56
4. Total liabilities Lines 2 + 3a + 3b	\$	17,479,262.73

Fill in this information to identify the case:

Debtor name **Vanity Shop of Grand Forks, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF NORTH DAKOTA**

Case number (if known) **17-30112**

☒ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	<p>Priority creditor's name and mailing address</p> <p>*EMPLOYEES SEE ATTACHMENT: SCHEDULE E - EMPLOYEES</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>These names are provided for notice only; it is undetermined at this time if there will be any prepetition claims filed by any Employees.</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	Unknown	\$0.00
2.2	<p>Priority creditor's name and mailing address</p> <p>Adams County 313 W. Jefferson Street Decatur, IN 46733</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Payroll-Local Income/School Taxes</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$0.00	\$0.00

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.3	Priority creditor's name and mailing address ALABAMA DEPARTMENT OF REVENUE SALES AND USE TAX DIVISION PO BOX 327710 MONTGOMERY, AL 36132-7710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: BUSINESS LICENSE <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.4	Priority creditor's name and mailing address ALISON LUNDERGAN GRIMES SECRETARY OF STATE PO BOX 1150 FRANKFORT, KY 40602-1150	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: BUSINESS LICENSE <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.5	Priority creditor's name and mailing address Allen County 1 E Main Street Suite 102 Fort Wayne, IN 46802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-Local Income/School Taxes <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.6	Priority creditor's name and mailing address ALLEN COUNTY AUDITOR PO BOX 1243 LIMA, OH 45802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-Local Income/School Taxes <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.7	Priority creditor's name and mailing address ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION 1300 WEST WASHINGTON PHOENIX, AZ 85007-2929	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: RBOT (RETAIL BUSINESS OCCUPATION TAX) TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.8	Priority creditor's name and mailing address ARIZONA DEPARTMENT OF REVENUE ATTN: TRANSACTION PRIVILEGE & USE TAX PO BOX 29010 PHOENIX, AZ 85038-9010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: OH COMMERCIAL ACTIVITY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.9	Priority creditor's name and mailing address Arkansas Department of Finance & Adminis Ledbetter Building 1816 7th St, Rm 1380 Little Rock, AR 72201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: MERCHANT LICENSE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.10	Priority creditor's name and mailing address Arkansas Department of Workforce Service PO Box 8007 Little Rock, AR 72203-8007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll Tax (if any) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Vanity Shop of Grand Forks, Inc.**
Name

Case number (if known)

17-30112

2.11 Priority creditor's name and mailing address

**ARKANSAS SECRETARY OF
STATE
BUSINESS & COMMERICAL
SERVICES DIVISION
1401 WEST CAPITOL AVENUE
LITTLE ROCK, AR 72201-2937**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim:

Payroll Tax (if any)

Is the claim subject to offset?

- ☒
- No
-
- ☐
- Yes

\$0.00 \$0.00

2.12 Priority creditor's name and mailing address

**ASHLAND, CITY OF
DEPT OF FINAN/OCC LICENSE
PO BOX 1839
ASHLAND, KY 41105**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim:

SALES & USE TAX

Is the claim subject to offset?

- ☒
- No
-
- ☐
- Yes

\$0.00 \$0.00

2.13 Priority creditor's name and mailing address

**ASHWAUBENON, VILLAGE OF
2155 HOLMGREN WAY
ASHWAUBENON, WI 54304**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim:

ANNUAL REPORT

Is the claim subject to offset?

- ☒
- No
-
- ☐
- Yes

\$0.00 \$0.00

2.14 Priority creditor's name and mailing address

**AUBURN HILLS, CITY OF
1827 N SQUIRREL ROAD
AUBURN HILLS, MI 48326**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim:

Payroll-Local Income/School Taxes

Is the claim subject to offset?

- ☒
- No
-
- ☐
- Yes

\$0.00 \$0.00

Debtor Name	Case number (if known)	17-30112	
Vanity Shop of Grand Forks, Inc. <hr/> 2.15 Priority creditor's name and mailing address Benton County 706 E. 5th Street Fowler, IN 47944 <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <hr/> Basis for the claim: Payroll-Local Income/School Taxes <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.16 Priority creditor's name and mailing address BENTON COUNTY TREASURER 5600 W CANAL DR, STE A KENNEWICK, WA 99336 <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <hr/> Basis for the claim: SALES & USE TAX <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.17 Priority creditor's name and mailing address Berkheimer PO Box 25156 Lehigh Valley, PA 18002 <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <hr/> Basis for the claim: Payroll Tax (if any) <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.18 Priority creditor's name and mailing address BILLINGS, CITY OF DEPT OF FINANCE PO BOX 1178 BILLINGS, MT 59103 <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <hr/> Basis for the claim: ANNUAL REPORT <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00

Debtor Name	Case number (if known)	17-30112	
Vanity Shop of Grand Forks, Inc. Name			
2.19 Priority creditor's name and mailing address BONNEVILLE COUNTY TAX COLLECTOR 605 N CAPITAL AVE IDAHO FALLS, ID 83402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.20 Priority creditor's name and mailing address BOONE COUNTY TOM SCHAUWECKER, ASSESSOR 801 E WALNUT ST RM 143 COLUMBIA, MO 65201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.21 Priority creditor's name and mailing address BOONE COUNTY COLLECTOR BRIAN MCCOLLUM 801 EAST WALNUT RM 118 COLUMBIA, MO 65201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.22 Priority creditor's name and mailing address Boone County Fiscal Court 2950 Washington Street PO Box 960 Burlington, KY 41005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred	Basis for the claim: Payroll-Local Income/School Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Vanity Shop of Grand Forks, Inc.**
Name

Case number (if known)

17-30112

2.23 Priority creditor's name and mailing address

**Bowling Green, City of
PO Box 1410
Bowling Green, KY 42102**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:

Payroll Tax (if any)

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No☐ Yes

2.24 Priority creditor's name and mailing address

**BOZEMAN , CITY OF
121 N ROUSE AVE
PO BOX 1230
BOZEMAN, MT 59771**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:

ANNUAL REPORT

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No☐ Yes

2.25 Priority creditor's name and mailing address

**BROOKFIELD ASSESSOR, CITY
OF
2000 N CALHOUN RD
BROOKFIELD, WI 53005**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:

PERSONAL PROPERTY TAX

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No☐ Yes

2.26 Priority creditor's name and mailing address

**BROWN COUNTY TREASURER
305 E WALNUT ST
PO BOX 23600
GREEN BAY, WI 54305**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:

PERSONAL PROPERTY TAX

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No☐ Yes

Debtor **Vanity Shop of Grand Forks, Inc.**
Name

Case number (if known)

17-30112

2.27 Priority creditor's name and mailing address

**BUCHANAN COUNTY
PEGGY CAMPBELL, COLLECTOR
411 JULES ST SUITE 123
ST JOSEPH, MO 64501**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:

PERSONAL PROPERTY TAX

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.28 Priority creditor's name and mailing address

**BUFFALO COUNTY TREASURER
JEAN A. SIDWELL, TREAS.
P.O. BOX 1270
KEARNEY, NE 68848**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:

PERSONAL PROPERTY TAX

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.29 Priority creditor's name and mailing address

**BUNCOMBE COUNTY TAX DEPT
94 COXE AVENUE
ASHEVILLE, NC 28801**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:

**PERSONAL PROPERTY TAX-CAPITAL LEASE
PROP**

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.30 Priority creditor's name and mailing address

**BUTTE-SILVER BOW
TREASURER
PO BOX 611
BUTTE, MT 59703**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:

Payroll-State Income Tax

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.31	Priority creditor's name and mailing address CACHE COUNTY ASSESSOR 179 NORTH MAIN SUITE 205 LOGAN, UT 84321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: SALES & USE TAX		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.32	Priority creditor's name and mailing address Carroll County 114 E. Main Street Suite C PO Box 175 Delphi, IN 46923	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-Local Income/School Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.33	Priority creditor's name and mailing address CASCADE COUNTY TREASURER PO BOX 2549 GREAT FALLS, MT 59403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.34	Priority creditor's name and mailing address CHARTER TOWNSHIP OF PORTAGE TREASURER 47240 GREEN ACRES ROAD HOUGHTON, MI 49931	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: ANNUAL REPORT		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.35	Priority creditor's name and mailing address CHARTER TOWNSHIP OF FLINT LISA ANDERSON, TREASURER 1490 S DYE ROAD FLINT, MI 48532	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.36	Priority creditor's name and mailing address CITY OF CHUBBUCK P.O. BOX 5604 5160 YELLOWSTONE AVENUE CHUBBOCK, ID 83202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: BUSINESS LICENSE		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.37	Priority creditor's name and mailing address CITY OF DAYTON PO BOX 643700 CINCINNATI, OH 45264	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: ANNUAL REPORT		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.38	Priority creditor's name and mailing address City of Flint 1101 S Saginaw St Flint, MI 48502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll Tax (if any)		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	17-30112
2.39	<p>Priority creditor's name and mailing address</p> <p>CITY OF FLINT INCOME TAX DIVISION PO BOX 529 EATON RAPIDS, MI 48827-0529</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.40	<p>Priority creditor's name and mailing address</p> <p>CITY OF GARLAND ALARM ENFORCEMENT CLERK 1891 FOREST LANE GARLAND, TX 75042</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: ANNUAL WASTE FEE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.41	<p>Priority creditor's name and mailing address</p> <p>City of Lawrence 9001 East 59th Street Lawrence, IN 46216</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Payroll-Local Income/School Taxes</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.42	<p>Priority creditor's name and mailing address</p> <p>CITY OF LOGAN BUSINESS LICENSING 290 NORTH 100 WEST LOGAN, UT 84321</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: BUSINESS LICENSE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.43	Priority creditor's name and mailing address City of Madison 101 W. Main St. PO BOX 20 Madison, IN 47250	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: ANNUAL REPORT		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.44	Priority creditor's name and mailing address City of McKeesport 500 Fifth Avenue McKeesport, PA 15132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll Tax (if any)		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.45	Priority creditor's name and mailing address City of Mentor 8500 Civic Center Boulevard Mentor, OH 44060	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll Tax (if any)		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.46	Priority creditor's name and mailing address City of Ontario 555 Stumbo Road Ontario, OH 44906	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll Tax (if any)		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

2.47	Priority creditor's name and mailing address CITY OF SAGINAW INCOME TAX DIVISION 1315 S WASHINGTON AVE SAGINAW, MI 48601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.48	Priority creditor's name and mailing address City of Springdale 11700 Springfield Pike Springdale, OH 45246	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Payroll Tax (if any)	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.49	Priority creditor's name and mailing address CITY OF ST PETERS PO BOX 9 ONE ST PETERS CENTRE BLVD ST PETERS, MO 63376	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.50	Priority creditor's name and mailing address City of St. Clairsville 100 North Market St. PO Box 537 St. Clairsville, OH 43950	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Payroll Tax (if any)	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.51	Priority creditor's name and mailing address CITY OF ST. JOSEPH 1100 FREDERICK AVENUE ST JOSEPH, MO 64501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: ANNUAL REPORT		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.52	Priority creditor's name and mailing address CITY OF WESTOVER 500 DUPONT ROAD WESTOVER, WV 26501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: SALES & USE TAX		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.53	Priority creditor's name and mailing address City of Zanesville 401 Market Street City Hall - Rm 118 Zanesville, OH 43701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll Tax (if any)		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.54	Priority creditor's name and mailing address CLARKSVILLE, CITY OF DEPT OF FINANCE & REVENUE PO BOX 928 CLARKSVILLE, TN 37041	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll Tax (if any)		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.55	Priority creditor's name and mailing address Clinton County 220 Courthouse Square Frankfort, IN 46041	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll Tax (if any)		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.56	Priority creditor's name and mailing address COLLECTOR OF REVENUE LEAH BETTS 940 N BOONVILLE AVE SPRINGFIELD, MO 65802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.57	Priority creditor's name and mailing address COLORADO DEPARTMENT OF REVENUE TAXATION DIVISION DENVER, CO 80261-0013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: OCCUPATIONAL TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.58	Priority creditor's name and mailing address COLORADO DEPARTMENT OF STATE BUSINESS & LICENSING 1700 BROADWAY, SUITE 200 DENVER, CO 80290	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

2.59	Priority creditor's name and mailing address COLUMBIA, CITY OF BUSINESS LICENSE DIVISION PO BOX 6015 COLUMBIA, MO 65205	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: ANNUAL REPORT		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.60	Priority creditor's name and mailing address Commonwealth of Kentucky Department of Revenue Frankfort, KY 40620	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll Tax (if any)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.61	Priority creditor's name and mailing address COMPTROLLER OF MARYLAND REVENUE ADMINISTRATION DIVISION PO BOX 17405 BALTIMORE, MD 21297-1405	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: BUSINESS LICENSE		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.62	Priority creditor's name and mailing address COMPTROLLER OF PUBLIC ACCOUNTS PO BOX 149355 AUSTIN, TX 78714-9355	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: MERCHANT LICENSE		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.63	Priority creditor's name and mailing address CORPORATE INCOME TAX KANSAS 915 SW HARRISON ST TOPEKA, KS 66612-1588	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.64	Priority creditor's name and mailing address CORPORATION INCOME TAX PO BOX 919 LITTLE ROCK, AR 72203-0919	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: MERCHANT LICENSE		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.65	Priority creditor's name and mailing address CORPORATION TAX RETURN PROCESSING IOWA DEPARTMENT OF REVENUE PO BOX 10468 DES MOINES, IA 50306-0468	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.66	Priority creditor's name and mailing address CORPORATIONS DIVISION PO BOX 30702 LANSING, MI 48909	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	17-30112
2.67	Priority creditor's name and mailing address County of Dubois One Courthouse Square Jasper, IN 47546	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll Tax (if any)	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.68	Priority creditor's name and mailing address CRAIGHEAD COUNTY COLLECTOR PO BOX 9276 JONESBORO, AR 72403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX-CAPITAL LEASE PROP	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.69	Priority creditor's name and mailing address DALLAS COUNTY TAX OFFICE PO BOX 139066 DALLAS, TX 75313	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.70	Priority creditor's name and mailing address DAVIS COUNTY ASSESSOR PO BOX 618 FARMINGTON, UT 84025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim: SALES & USE TAX	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.71	Priority creditor's name and mailing address DELAWARE COUNTY TREASURER 100 W MAIN ST ROOM 102 MUNCIE, IN 47305	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll Tax (if any)		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.72	Priority creditor's name and mailing address Department of Economic Security Tax Accounting Section 390 N Robert St St. Paul, MN 55101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-SUI		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.73	Priority creditor's name and mailing address Department of Labor Unemployment Insurance PO Box 94600 Lincoln, NE 68509-4600	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-SUI		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.74	Priority creditor's name and mailing address Department of Labor & Employment Unemployment Insurance Employer Services PO Box 956 Denver, CO 80201-0956	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-SUI		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	17-30112
2.75	Priority creditor's name and mailing address Department of Labor and Industries Bankruptcy Collections Unit PO Box 44171 Olympia, WA 98504-4171	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Worker's Compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.76	Priority creditor's name and mailing address Department of Licensing and Regulatory A Unemployment Insurance Agency 3024 W Grand Blvd Detroit, MI 48202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-SUI Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.77	Priority creditor's name and mailing address Division of Taxation 915 SW Harrison ST Topeka, KS 66625	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.78	Priority creditor's name and mailing address DOUGLAS COUNTY TREASURER PROPERTY TAX DIVISION PO BOX 2855 OMAHA, NE 68103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.79	Priority creditor's name and mailing address EAU CLAIRE COUNTY TREASURER 721 OXFORD AVE EAU CLAIRE, WI 54703	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.80	Priority creditor's name and mailing address Education and Workforce Development Cabi 275 East Main Street Frankfort, KY 40601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-SUI	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.81	Priority creditor's name and mailing address ELLIS COUNTY TREASURER PO BOX 520 HAYS, KS 67601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.82	Priority creditor's name and mailing address Employment Security Commission of North PO Box 25903 Raleigh, NC 27611-5903	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-SUI	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	17-30112
2.83	Priority creditor's name and mailing address Employment Security Department PO Box 34729 Seattle, WA 98124-1729	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-SUI Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.84	Priority creditor's name and mailing address FAIRVIEW HEIGHTS, CITY OF CITY CLERK'S OFFICE 10025 BUNKUM ROAD FAIRVIEW HEIGHTS, IL 62208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: ANNUAL REPORT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.85	Priority creditor's name and mailing address Fayette Tax Collection District, Southwe One Centennial Way Scottdale, PA 18013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll Tax (if any) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.86	Priority creditor's name and mailing address FLORENCE, CITY OF PO BOX 1357 FLORENCE, KY 41022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

2.87	Priority creditor's name and mailing address FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE STREET TALLAHASSEE, FL 32399-0120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: BUSINESS LICENSE		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.88	Priority creditor's name and mailing address FOND DU LAC CITY TREASURER PO BOX 150 FOND DU LAC, WI 54936	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.89	Priority creditor's name and mailing address FOND DU LAC CITY TREASURER PO BOX 150 FOND DU LAC, WI 54936	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: ANNUAL REPORT		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.90	Priority creditor's name and mailing address FORSYTH COUNTY TAX COLLECTOR PO BOX 82 WINSTON SALEM, NC 27102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-State Income Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.91	Priority creditor's name and mailing address Fountain County 301 4th St Covington, IN 47932	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-Local Income/School Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.92	Priority creditor's name and mailing address FRENCHTOWN TREASURER 2744 VIVIAN ROAD MONROE, MI 48162	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-Local Income/School Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.93	Priority creditor's name and mailing address GALLATIN COUNTY TREASURER 311 W MAIN RM 103 BOZEMAN, MT 59715	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.94	Priority creditor's name and mailing address GARFIELD COUNTY TREASURER KEVIN R. POSTIER PO BOX 489 ENID, OK 73702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	17-30112
2.95	Priority creditor's name and mailing address GARLAND COUNTY GOVT REBECCA DODD-TALBERT 200 WOODBINE ST STE 108 HOT SPRINGS, AR 71901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX-CAPITAL LEASE PROP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.96	Priority creditor's name and mailing address GRAND JUNCTION, CITY OF CUSTOMER SERVICE DIVISION-SALES TAX PO BOX 1809 GRAND JUNCTION, CO 81502-1809	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: WA BUSINESS & OCCUPATION TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.97	Priority creditor's name and mailing address GRANDVILLE, CITY OF DEPT #200 P.O. BOX 2545 GRAND RAPIDS, MI 49501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll Tax (if any) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.98	Priority creditor's name and mailing address Grant County 401 S Adams Street Marion, IN 46953	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-Local Income/School Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.99	Priority creditor's name and mailing address GREAT FALLS, CITY OF P.O. BOX 5021 GREAT FALLS, MT 59403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: ANNUAL REPORT		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.100	Priority creditor's name and mailing address GREELEY, CITY OF PO BOX 1648 GREELEY, CO 80632	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.101	Priority creditor's name and mailing address Greene County 1 E Main St. Bloomfield, IN 47424	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-Local Income/School Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.102	Priority creditor's name and mailing address GREGG APPRAISAL DISTRICT 4367 W LOOP 281 LONGVIEW, TX 75604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.103	Priority creditor's name and mailing address GUILFORD COUNTY ASSESSOR PO BOX 3138 GREENSBORO, NC 27402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-State Income Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.104	Priority creditor's name and mailing address HALL COUNTY TREASURER PEGGY L PESEK 121 S PINE, STE 2 GRAND ISLAND, NE 68801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.105	Priority creditor's name and mailing address Hendricks County 355 S Washington St Mailbox 215 Danville, IN 46122	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-Local Income/School Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.106	Priority creditor's name and mailing address HOWARD COUNTY TREASURER 220 N MAIN ST ROOM 226 KOKOMO, IN 46901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-Local Income/School Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	17-30112	
2.107	Priority creditor's name and mailing address Idaho Department of Labor 317 W. Main St Boise, ID 83735	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-SUI Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.108	Priority creditor's name and mailing address IDAHO STATE TAX COMMISSION PO BOX 83784 BOISE, ID 83707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: BUSINESS LICENSE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.109	Priority creditor's name and mailing address Idaho State Tax Commission PO Box 76 Boise, ID 83707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.110	Priority creditor's name and mailing address IDAHO STATE TAX COMMISSION PO BOX 36 BOISE, ID 83722-0410	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: WA BUSINESS & OCCUPATIONAL TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	17-30112
2.111	Priority creditor's name and mailing address Illinois Department of Employment Security PO Box 19300 Springfield, IL 62794-9300	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-SUI Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.112	Priority creditor's name and mailing address Illinois Department of Revenue PO Box 19044 Springfield, IL 62794	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.113	Priority creditor's name and mailing address ILLINOIS DEPARTMENT OF REVENUE RETAILER'S OCCUPATION TAX SPRINGFIELD, IL 06279-6001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.114	Priority creditor's name and mailing address ILLINOIS DEPARTMENT OF REVENUE PO BOX 19008 SPRINGFIELD, IL 62794-9008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

2.115	Priority creditor's name and mailing address INDEPENDENCE, CITY OF LICENSE DIVISION P.O. BOX 1019 INDEPENDENCE, MO 64051	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: ANNUAL REPORT		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.116	Priority creditor's name and mailing address Indiana Department of Revenue PO Box 6108 Indianapolis, IN 46206	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-Local Income/School Taxes		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.117	Priority creditor's name and mailing address INDIANA DEPARTMENT OF REVENUE CONSOLIDATED SALES TAX 100 N SENATE AVENUE INDIANAPOLIS, IN 46204-2253	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.118	Priority creditor's name and mailing address INDIANA DEPARTMENT OF REVENUE PO BOX 7231 INDIANAPOLIS, IN 46207-7231	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

2.119	Priority creditor's name and mailing address Indiana Department of Workforce Developm 10 N Senate Ave RM SE003 Indianapolis, IN 46204-2277	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-SUI Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.120	Priority creditor's name and mailing address Internal Revenue Service PO Box 37941 Hartford, CT 06176-7941	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll Tax (if any) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.121	Priority creditor's name and mailing address Iowa Department of Revenue PO Box 10411 Des Moines, IA 50306	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.122	Priority creditor's name and mailing address IOWA DEPARTMENT OF REVENUE PO BOX 10457 DES MOINES, IA 50306	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.123	Priority creditor's name and mailing address IOWA SECRETARY OF STATE 321 EAST 12TH ST DES MOINES, IA 50319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.124	Priority creditor's name and mailing address Iowa Workforce Development Unemployment 1000 E Grand Avenue Des Moines, IA 50319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-SUI		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.125	Priority creditor's name and mailing address JACKSON COUNTY COLLECTOR PO BOX 219747 KANSAS CITY, MO 64121	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.126	Priority creditor's name and mailing address Jasper County 115 W Washington St Rensselaer, IN 47978	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-Local Income/School Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.127	Priority creditor's name and mailing address JASPER COUNTY COLLECTOR STEPHEN H HOLT PO BOX 421 CARTHAGE, MO 64836	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.128	Priority creditor's name and mailing address Jay County 120 Court Street Portland, IN 47371	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-Local Income/School Taxes	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.129	Priority creditor's name and mailing address JEFFERSON COUNTY TAX ASSESSOR COLLECTOR PO BOX 2112 BEAUMONT, TX 77704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.130	Priority creditor's name and mailing address JESSE WHITE SECRETARY OF STATE DEPARTMENT OF BUSINESS SERVICES 501 S 2ND STREET SPRINGFIELD, IL 62756-5510	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.131	Priority creditor's name and mailing address Job Service of North Dakota PO Box 5507 Bismarck, ND 58506-5507	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-SUI		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.132	Priority creditor's name and mailing address JOHNSON CITY, CITY OF PO BOX 2150 JOHNSON CITY, TN 37605	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-Local Income/School Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.133	Priority creditor's name and mailing address Johnson County 86 W. Court St. Franklin, IN 46131	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-Local Income/School Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.134	Priority creditor's name and mailing address JOHNSON COUNTY TREASURER PO BOX 6095 INDIANAPOLIS, IN 46207	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-Local Income/School Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.135	Priority creditor's name and mailing address JOPLIN, CITY OF 602 SOUTH MAIN ST JOPLIN, MO 64801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: ANNUAL REPORT		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.136	Priority creditor's name and mailing address Kansas Department of Labor PO Box 400 Topeka, KS 66601-0400	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-SUI		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.137	Priority creditor's name and mailing address KANSAS DEPARTMENT OF REVENUE DIVISION OF TAXATION 915 SW HARRISON ST TOPEKA, KS 66612	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.138	Priority creditor's name and mailing address KANSAS OFFICE OF THE SECRETARY OF STATE 120 SW 10TH AVE TOPEKA, KS 66612-1594	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.139	Priority creditor's name and mailing address KENTUCKY DEPARTMENT OF REVENUE 501 HIGH STREET FRANKFORT, KY 40601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-Local Income/School Taxes		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.140	Priority creditor's name and mailing address KENTUCKY STATE TREASURER KENTUCKY DEPT OF REVENUE FRANKFORT, KY 40620	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: SALES & USE TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.141	Priority creditor's name and mailing address KOOTENAI COUNTY TREASURER P.O. BOX 6700 COEUR D'ALENE, ID 83816	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.142	Priority creditor's name and mailing address LA CROSSE CITY TREASURER CITY OF LA CROSSE 400 LA CROSSE ST LA CROSSE, WI 54601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Store # 251 PERSONAL PROPERTY TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.143	Priority creditor's name and mailing address Lake County 2293 N. Main Street Bldg A, 2nd Floor Crown Point, IN 46307	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-Local Income/School Taxes		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.144	Priority creditor's name and mailing address LANCASTER COUNTY TREAS. ANDY STEBBING 555 SOUTH 10TH STREET LINCOLN, NE 68508	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.145	Priority creditor's name and mailing address LARAMIE COUNTY ASSESSOR PO BOX 307 CHEYENNE, WY 82003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.146	Priority creditor's name and mailing address Lawrence Tax Collection District, Berkhe 50 North Seventh Street Bangor, PA 18013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll Tax (if any)		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.147	Priority creditor's name and mailing address LAYTON COUNTY BUSINESS LICENSING 437 N WASATCH DR LAYTON, UT 84041	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: BUSINESS LICENSE		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.148	Priority creditor's name and mailing address LUBBOCK CENTRAL APPRAISAL DISTRICT PO BOX 10568 - 2109 AVE Q LUBBOCK, TX 79408	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.149	Priority creditor's name and mailing address MADISON COUNTY TREASURER DONNA J. PRIMROSE BOX 270 MADISON, NE 68748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.150	Priority creditor's name and mailing address MADISON, CITY OF CITY TREASURER P.O. BOX 2999 MADISON, WI 53701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

2.151	Priority creditor's name and mailing address MAHONING COUNTY 120 MARKET ST YOUNGSTOWN, OH 44503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
-------	---	--	---------------	---------------

Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-Local Income/School Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	---

2.152	Priority creditor's name and mailing address MANHATTAN, CITY OF COMMUNITY DEVELOPMENT 1101 POYNTZ MANHATTAN, KS 66502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
-------	---	--	---------------	---------------

Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: ANNUAL WASTE FEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	--

2.153	Priority creditor's name and mailing address MARCO, INC. PO BOX 660831 DALLAS, TX 75266	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
-------	---	--	---------------	---------------

Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX-CAPITAL LEASE PROP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	--

2.154	Priority creditor's name and mailing address Marion County 200 E. Washington St. Suite 2222 Indianapolis, IN 46204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
-------	--	--	---------------	---------------

Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-Local Income/School Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	---

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.155	Priority creditor's name and mailing address MASSACHUSETTS DEPARTMENT OF REVENUE PO BOX 419257 BOSTON, MA 02241-9257	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: BUSINESS LICENSE		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.156	Priority creditor's name and mailing address MCLENNAN COUNTY TAX ASSESSOR-COLLECTOR PO BOX 406 WACO, TX 76703	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.157	Priority creditor's name and mailing address MERIDIAN TOWNSHIP JULIE BRIKIE, TREASURER 5151 MARSH RD OKEMOS, MI 48864	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.158	Priority creditor's name and mailing address MESA COUNTY TREASURER PO BOX 173678 DENVER, CO 80217	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	17-30112
2.159	<p>Priority creditor's name and mailing address</p> <p>Michigan Department of Treasury PO Box 30806 Lansing, MI 48909</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>PERSONAL PROPERTY TAX</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.160	<p>Priority creditor's name and mailing address</p> <p>MICHIGAN DEPARTMENT OF TREASURY PO BOX 30324 LANSING, MI 48909-7824</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>INCOME/FRANCHISE/BUSINESS TAX RETURN</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.161	<p>Priority creditor's name and mailing address</p> <p>MICHIGAN DEPT OF TREASURY PO BOX 30803 LANSING, MI 48909</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>PERSONAL PROPERTY TAX</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.162	<p>Priority creditor's name and mailing address</p> <p>MIDLAND CENTRAL APPRAISAL DISTRICT PO BOX 908002 MIDLAND, TX 79708</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>PERSONAL PROPERTY TAX</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.163	Priority creditor's name and mailing address Minnesota Department of Revenue 600 North Rober St St Paul, MN 55146	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.164	Priority creditor's name and mailing address MINNESOTA DEPARTMENT OF REVENUE SALES & USE TAX DIVISION MAIL STATION 6330 ST PAUL, MN 55146-6330	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.165	Priority creditor's name and mailing address MINNESOTA DEPARTMENT OF REVENUE TAX OPERATIONS DIVISION MAIL STATION 4110 ST PAUL, MN 55146-4110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.166	Priority creditor's name and mailing address MINNESOTA SECRETARY OF STATE - BUSINESS RETIREMENT SYSTEMS OF MINNESOTA BUILDING 60 EMPIRE DRIVE, SUITE 100 ST PAUL, MN 55103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.167	Priority creditor's name and mailing address MISSOULA CITY FINANCE BUSINESS LICENSING 435 RYMAN ST MISSOULA, MT 59802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: ANNUAL REPORT		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.168	Priority creditor's name and mailing address MISSOULA COUNTY TREASURER 200 W. BROADWAY STREET MISSOULA, MT 59802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.169	Priority creditor's name and mailing address Missouri Department of Labor Division of Employment Security 421 East Dunklin Street Jefferson City, MO 65104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-SUI		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.170	Priority creditor's name and mailing address Missouri Department of Revenue Taxation Division PO Box 3300 Jefferson City, MO 65105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)	17-30112	
Vanity Shop of Grand Forks, Inc. Name			
2.171 Priority creditor's name and mailing address MISSOURI DEPARTMENT OF REVENUE TAXATION DIVISION PO BOX 840 JEFFERSON CITY, MO 65105-0840 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.172 Priority creditor's name and mailing address MISSOURI DEPT OF REVENUE DIVISION OF TAXATION PO BOX 3390 JEFFERSON CITY, MO 65105 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ANNUAL REPORT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.173 Priority creditor's name and mailing address MONONGALIA COUNTY SHERIFF OF 243 HIGH ST, RM 26 TAX MORGANTOWN, WV 26505 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Payroll-State Income Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.174 Priority creditor's name and mailing address MONROE COUNTY TREASURER 100 W KIRKWOOD AVE ROOM 204 BLOOMINGTON, IN 47404 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Payroll-Local Income/School Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00

Debtor	Name	Case number (if known)	17-30112
2.175	Priority creditor's name and mailing address Montana Department of Labor & Industry PO Box 6339 Helena, MT 59604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-SUI Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.176	Priority creditor's name and mailing address Montana Department of Revenue PO Box 5805 Helena, MT 59604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.177	Priority creditor's name and mailing address MONTANA DEPT OF REVENUE DEPT 6339 HELENA, MT 59604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: ANNUAL REPORT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.178	Priority creditor's name and mailing address MONTANA SECRETARY OF STATE PO BOX 202801 HELENA, MT 59620	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.179	Priority creditor's name and mailing address MONTGOMERY COUNTY TRUSTEE PO BOX 1005 CLARKSVILLE, TN 37041	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-State Income Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.180	Priority creditor's name and mailing address Morgan County 180 South Main St. Martinsville, IN 46151	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-Local Income/School Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.181	Priority creditor's name and mailing address Municipality of Monroeville 2700 Monroeville Blvd Monroeville, PA 15146	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: SALES & USE TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.182	Priority creditor's name and mailing address MURFREESBORO, CITY OF PO BOX 1139 MURFREESBORO, TN 37133	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-State Income Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.183	Priority creditor's name and mailing address MURRAY CITY BUSINESS LICENSING 4646 S 500 W MURRAY, UT 84123	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: BUSINESS LICENSE		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.184	Priority creditor's name and mailing address NATRONA COUNTY TREASURER PO BOX 2290 CASPER, WY 82602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Store # 207 PERSONAL PROPERTY TAX		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.185	Priority creditor's name and mailing address NC DEPARTMENT OF REVENUE SALES & USE TAX DIVISION PO BOX 25000 RALEIGH, NC 27640-0001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: BUSINESS LICENSE		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.186	Priority creditor's name and mailing address NC SECRETARY OF STATE PO BOX 29622 RALEIGH, NC 27626	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-State Income Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.187	Priority creditor's name and mailing address Nebraska Department of Revenue PO Box 98915 Lincoln, NE 68509	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.188	Priority creditor's name and mailing address NEBRASKA DEPARTMENT OF REVENUE PO BOX 98923 LINCOLN, NE 68509-8923	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-SUI		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.189	Priority creditor's name and mailing address NEBRASKA DEPARTMENT OF REVENUE PO BOX 94818 LINCOLN, NE 68509-4818	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.190	Priority creditor's name and mailing address NEVADA DEPT OF TAXATION 1550 COLLEGE PARKWAY SUITE 115 CARSON CITY, NV 89706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: BUSINESS LICENSE		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.191	Priority creditor's name and mailing address NEW MEXICO TAXATION & REV TAXATION & REVENUE DEPT PO BOX 25127 SANTA FE, NM 87504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: BUSINESS LICENSE		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.192	Priority creditor's name and mailing address NEW YORK STATE CORPORATION TAX PO BOX 4136 BINGHAMTON, NY 13902-4136	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: BUSINESS LICENSE		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.193	Priority creditor's name and mailing address New York State Department of Taxation PO Box 4119 Binghamton, NY 13902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll Tax (if any)		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.194	Priority creditor's name and mailing address NEW YORK STATE SALES TAX NY DEPARTMENT OF TAXATION AND FINANCE W A HARRIMAN CAMPUS ALBANY, NY 12227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll Tax (if any)		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.195	Priority creditor's name and mailing address Noble County 101 N Orange St. Albion, IN 46701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-Local Income/School Taxes		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.196	Priority creditor's name and mailing address North Carolina Department of Revenue PO Box 25000 Raleigh, NC 27640	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-State Income Tax		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.197	Priority creditor's name and mailing address NYS DEPT OF TAXATION & FINANCE CORP-V PO BOX 15163 ALBANY, NY 12212	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: SALES & USE TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.198	Priority creditor's name and mailing address NYS DIVISION OF CORPORATIONS STATE RECORDS & UNIFORM COMMERCIAL CODE ONE COMMERCE PLAZA, 99 WASHINGTON AVE ALBANY, NY 01223-1001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: BUSINESS LICENSE		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	17-30112
2.199	<p>Priority creditor's name and mailing address</p> <p>OCCUPATIONAL TAX ADMIN. PO BOX 10008 OWENSBORO, KY 42302</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>SALES & USE TAX</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <hr/> <p>\$0.00</p>
2.200	<p>Priority creditor's name and mailing address</p> <p>OFFICE OF THE INDIANA SECRETARY OF STATE 302 W WASHINGTON ST ROOM E-018 INDIANAPOLIS, IN 46204</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>Payroll-Local Income/School Taxes</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <hr/> <p>\$0.00</p>
2.201	<p>Priority creditor's name and mailing address</p> <p>OFFICE OF THE STATE TAX COMMISSIONER 600 E BOULEVARD AVENUE, DEPT 127 BISMARCK, ND 58505-0599</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>INCOME/FRANCHISE/BUSINESS TAX RETURN</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <hr/> <p>\$0.00</p>
2.202	<p>Priority creditor's name and mailing address</p> <p>OGDEN CITY CORPORATION COMMUNITY DEVELOP. DEPT 2549 WASHINGTON BLVD #240 OGDEN, UT 84401</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>BUSINESS LICENSE</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <hr/> <p>\$0.00</p>

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.203	Priority creditor's name and mailing address Ohio Department of Jab and Family Servic PO Box 182413 Columbus, OH 43218-2413	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-SUI	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.204	Priority creditor's name and mailing address Ohio Department of Taxation PO Box 182667 Columbus, OH 43218-2667	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Payroll Tax (if any)	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.205	Priority creditor's name and mailing address Ohio Department of Taxation PO Box 182401 Columbus, OH 43218-2401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: BUSINESS REGISTRATION	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.206	Priority creditor's name and mailing address OHIO DEPARTMENT OF TAXATION PO BOX 530 COLUMBUS, OH 43216-0530	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: BUSINESS LICENSE	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	17-30112
2.207	<p>Priority creditor's name and mailing address</p> <p>OKLAHOMA COUNTY TREASURER FORREST "BUTCH" FREEMAN PO BOX 268875 OKLAHOMA CITY, OK 73126</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>PERSONAL PROPERTY TAX-CAPITAL LEASE PROP</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <p>\$0.00</p>
2.208	<p>Priority creditor's name and mailing address</p> <p>Oklahoma Employment Security Commission PO Box 52004 Oklahoma City, OK 73152-2004</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Payroll-SUI</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <p>\$0.00</p>
2.209	<p>Priority creditor's name and mailing address</p> <p>Oklahoma Tax Commission 2501 North Lincoln Boulevard Oklahoma City, OK 73194</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>PERSONAL PROPERTY TAX-CAPITAL LEASE PROP</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <p>\$0.00</p>
2.210	<p>Priority creditor's name and mailing address</p> <p>OKLAHOMA TAX COMMISSION BUSINESS TAX COMMISSION PO BOX 26800 OKLAHOMA CITY, OK 73126</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>ANNUAL WASTE FEE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <p>\$0.00</p>

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

2.211	Priority creditor's name and mailing address ONTARIO, CITY OF INCOME TAX DEPT PO BOX 166 ONTARIO, OH 44862	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: SALES & USE TAX		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.212	Priority creditor's name and mailing address Owen County 60 S Main St Rm 102B Spencer, IN 47460	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-Local Income/School Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.213	Priority creditor's name and mailing address PA DEPARTMENT OF REVENUE BUREAU OF CORPORATION TAXES-327 WALNUT S PO BOX 280422 HARRISBURG, PA 17128-2005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: SALES & USE TAX		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.214	Priority creditor's name and mailing address Pennsylvania Department of Labor & Indus Office of UC Tax Services 651 Boas Street Harrisburg, PA 17121-0750	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: BUSINESS LICENSE		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.215	Priority creditor's name and mailing address Pennsylvania Department of Revenue 1 Revenue Place Harrisburg, PA 01712-9001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: BUSINESS LICENSE		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.216	Priority creditor's name and mailing address PENNSYLVANIA DEPARTMENT OF REVENUE PO BOX 280905 HARRISBURG, PA 17128-0905	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: BUSINESS LICENSE		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.217	Priority creditor's name and mailing address POTTER COUNTY TAX ASSESS. SHERRI AYLOR PCC P.O. BOX 2289 AMARILLO, TX 79105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.218	Priority creditor's name and mailing address PUEBLO COUNTY TREASURER 215 WEST 10TH ST ROOM 110 PUEBLO, CO 81003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.219	Priority creditor's name and mailing address PUEBLO, CITY OF SALES TAX DIVISION P.O. BOX 1427 PUEBLO, CO 81002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.220	Priority creditor's name and mailing address RACINE, CITY OF TAX PAYMENTS PO BOX 88661 MILWAUKEE, WI 53288	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.221	Priority creditor's name and mailing address Randolph County 100 South Main Street Room # 103 Winchester, IN 47394	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-Local Income/School Taxes	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.222	Priority creditor's name and mailing address ROCK COUNTY TREASURER ROCK COUNTY COURTHOUSE PO BOX 1508 JANESVILLE, WI 53547	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	17-30112	
2.223	Priority creditor's name and mailing address RUTHERFORD COUNTY TRUSTEE PO BOX 1316 MURFREESBORO, TN 37133	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-Local Income/School Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.224	Priority creditor's name and mailing address SAGINAW CHARTER TOWNSHIP WATER DEPARTMENT PO BOX 6400 SAGINAW, MI 48608	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: ANNUAL REPORT		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.225	Priority creditor's name and mailing address SALINE COUNTY TREASURER PO BOX 5040 ROOM 214 SALINA, KS 67401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.226	Priority creditor's name and mailing address SALT LAKE COUNTY ASSESSOR PO BOX 410470 SALT LAKE CITY, UT 84141	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: SALES & USE TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	17-30112
2.227	<p>Priority creditor's name and mailing address</p> <p>SANDY CITY BUSINESS LICENSE-STE #210 10000 CENTENNIAL PARKWAY SANDY, UT 84070</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>BUSINESS LICENSE</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.228	<p>Priority creditor's name and mailing address</p> <p>SCOTT SHIPMAN, ASSESSOR 201 N SECOND ST RM 141 ST CHARLES, MO 63301</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>PERSONAL PROPERTY TAX</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.229	<p>Priority creditor's name and mailing address</p> <p>SCOTTS BLUFF COUNTY TREASURER 1825 10TH STREET GERING, NE 69341</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>PERSONAL PROPERTY TAX-CAPITAL LEASE PROP</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.230	<p>Priority creditor's name and mailing address</p> <p>SCOTTSBLUFF, CITY OF 2525 CIRCLE DR SCOTTSBLUFF, NE 69361</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>ANNUAL WASTE FEE</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>

Debtor	Name	Case number (if known)	17-30112
2.231	Priority creditor's name and mailing address SEBASTIAN COUNTY TAX COLLECTOR PO BOX 1358 FT. SMITH, AR 72902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.232	Priority creditor's name and mailing address SECRETARY OF STATE PO BOX 1366 JEFFERSON CITY, MO 65102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.233	Priority creditor's name and mailing address SECRETARY OF STATE STATE OF NORTH DAKOTA PO BOX 5513 BISMARCK, ND 58506-5513	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.234	Priority creditor's name and mailing address SECRETARY OF STATE CORPORATIONS BUREAU 325 DON GASPAR, SUITE 300 SANTA FE, NM 87501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.235	Priority creditor's name and mailing address SECRETARY OF STATE 202 NORTH CARSON STREET CARSON CITY, NV 89701-4201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: OH COMMERCIAL ACTIVITY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.236	Priority creditor's name and mailing address SECRETARY OF STATE CAPITOL BUILDING 500 EAST CAPITOL AVENUE PIERRE, SD 57501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.237	Priority creditor's name and mailing address SECRETARY OF STATE BLDG 1, SUITE 157-K 1900 KANAWHA BLVD EAST CHARLESTON, WV 25305-0770	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: BUSINESS LICENSE		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.238	Priority creditor's name and mailing address SMITH COUNTY TAX OFFICE GARY B. BARBER PO BOX 2011 TYLER, TX 75710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	17-30112
2.239	Priority creditor's name and mailing address South Dakota Department of Labor & Regul Unemployment Insurance Division PO Box 4730 Aberdeen, SD 57402-4730 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Payroll-SUI Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.240	Priority creditor's name and mailing address SOUTH DAKOTA DEPARTMENT OF REVENUE 445 E CAPITAL AVENUE PIERRE, SD 57501-3185 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.241	Priority creditor's name and mailing address SPRINGDALE, CITY OF SPRINGDALE CITY INCOMETAX 11700 SPRINGFIELD PIKE SPRINGDALE, OH 45246 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.242	Priority creditor's name and mailing address SPRINGFIELD, CITY OF DEPT OF FINANCE/LICENSE PO BOX 8368 SPRINGFIELD, MO 65801 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ANNUAL WASTE FEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.243	Priority creditor's name and mailing address Springhill Township 268 Windy Gap Road Aleppo, PA 15310	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-State Income Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.244	Priority creditor's name and mailing address ST. JOSEPH COUNTY TREASURER PO BOX 4758 SOUTH BEND, IN 46634	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-Local Income/School Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.245	Priority creditor's name and mailing address STATE OF ARKANSAS SALES AND USE TAX SECTION PO BOX 3566 LITTLE ROCK, AR 72203-3566	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: MERCHANT LICENSE		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.246	Priority creditor's name and mailing address State of Colorado Department of Revenue Denver, CO 80261	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	17-30112
2.247	<p>Priority creditor's name and mailing address</p> <p>STATE OF CONNECTICUT DEPARTMENT OF REVENUE 450 COLUMBUS BOULEVARD, SUITE 1 HARTFORD, CT 06103-1837</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>BUSINESS LICENSE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <p>\$0.00</p>
2.248	<p>Priority creditor's name and mailing address</p> <p>STATE OF NEBRASKA STATE CAPITOL, SUITE 301 PO BOX 94608 LINCOLN, NE 68509-4608</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>INCOME/FRANCHISE/BUSINESS TAX RETURN</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <p>\$0.00</p>
2.249	<p>Priority creditor's name and mailing address</p> <p>STATE OF NEVADA SALES/USE PO BOX 7165 SAN FRANCISCO, CA 94120-7165</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>OH COMMERCIAL ACTIVITY TAX</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <p>\$0.00</p>
2.250	<p>Priority creditor's name and mailing address</p> <p>STATE OF TENNESSEE DIVISION OF BUSINESS SERVICES WILLIAM R SNODGRASS TOWER 312 ROSA L. PARKS, AVE 6TH FL NASHVILLE, TN 37243-1102</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Payroll-Local Income/School Taxes</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <p>\$0.00</p>

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.251	Priority creditor's name and mailing address STATE OF TENNESSEE DEPARTMENT OF REVENUE ANDREW JACKSON STATE OFFICE BUILDING NASHVILLE, TN 37242	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: BUSINESS LICENSE		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.252	Priority creditor's name and mailing address STATE OF UTAH DEPARTMENT OF COMMERCE PO BOX 146705 SALT LAKE CITY, UT 84114-6705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: WA BUSINESS & OCCUPATIONAL TAX		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.253	Priority creditor's name and mailing address STATE OF WASHINGTON DEPARTMENT OF REVENUE PO BOX 47464 OLYMPIA, WA 98504-7464	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: OH COMMERCIAL ACTIVITY TAX		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.254	Priority creditor's name and mailing address STATE OF WASHINGTON BUSINESS LICENSING SERVICE PO BOX 47475 OLYMPIA, WA 98504-7475	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: OHIO SALES TAX PERMIT		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.255	Priority creditor's name and mailing address State of West Virginia State Tax Dept PO Box 1667 Charleston, WV 25326	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-State Income Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.256	Priority creditor's name and mailing address STATE OF WISCONSIN DIVISION OF CORPORATE & CONSUMER SERVICE PO BOX 7846 MADISON, WI 53707-7846	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.257	Priority creditor's name and mailing address State of Wyoming Department of Workforce Services PO Box 2760 Casper, WY 82602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-SUI		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.258	Priority creditor's name and mailing address STERLING HEIGHTS, CITY OF DEPARTMENT 181601 PO BOX 55000 DETROIT, MI 48255	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-Local Income/School Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.259	Priority creditor's name and mailing address Sullivan County 100 Courthouse Square Room 201 Sullivan, IN 47882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-Local Income/School Taxes		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.260	Priority creditor's name and mailing address TAX ASSESSOR-COLLECTOR PO BOX 6527 TEXARKANA, TX 75505	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.261	Priority creditor's name and mailing address TAYLOR CITY OF PO BOX 335 TAYLOR, MI 48180	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-Local Income/School Taxes		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.262	Priority creditor's name and mailing address Tennessee Department of Labor and Workfo 220 French Landing Drive Nashville, TN 37243	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-SUI		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

2.263	Priority creditor's name and mailing address TENNESSEE DEPARTMENT OF REVENUE ANDREW JACKSON STATE OFFICE BUILDING NASHVILLE, TN 37242	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-Local Income/School Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.264	Priority creditor's name and mailing address TEXAS COMPTROLLER OF PUBLIC ACCOUNTS PO BOX 49348 AUSTIN, TX 78714	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Store # 207 PERSONAL PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.265	Priority creditor's name and mailing address Texas Workforce Commission Austin, TX 78714-9037	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-SUI Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.266	Priority creditor's name and mailing address The Municipality of Penn Hills 12245 Frankstown Road Penn Hills, PA 15235	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-State Income Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.267	Priority creditor's name and mailing address TIPPECANOE COUNTY TREASURER 20 N 3RD ST LAFAYETTE, IN 47901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-Local Income/School Taxes		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.268	Priority creditor's name and mailing address TOM GREEN APPRAISAL DISTRICT P.O. BOX 3307 SAN ANGELO, TX 76902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.269	Priority creditor's name and mailing address TOWN OF GRAND CHUTE TOWN TREASURER 1900 W GRAND CHUTE BLVD GRAND CHUTE, WI 54913	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.270	Priority creditor's name and mailing address TOWN OF HENRIETTA BUILDING/FIRE PREVENTION 475 CALKINS ROAD HENRIETTA, NY 14467	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: SALES & USE TAX		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.271	Priority creditor's name and mailing address TREASURER EL PASO COUNTY P.O. BOX 2018 COLORADO SPRINGS, CO 80901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
-------	--	--	---------------	---------------

Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	---

2.272	Priority creditor's name and mailing address TREASURER VIGO COUNTY TAX PROCESSING CENTER PO BOX 1466 INDIANAPOLIS, IN 46206	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
-------	---	--	---------------	---------------

Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-Local Income/School Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	---

2.273	Priority creditor's name and mailing address TREASURER, ALLEN COUNTY PO BOX 2540 FORT WAYNE, IN 46801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
-------	---	--	---------------	---------------

Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-Local Income/School Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	---

2.274	Priority creditor's name and mailing address TULSA COUNTY TREASURER DENNIS SEMLER PO BOX 21017 TULSA, OK 74121	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
-------	--	--	---------------	---------------

Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	---

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.275	Priority creditor's name and mailing address TWIN FALLS COUNTY TREAS. DEBBIE KAUFFMAN BOX 88 TWIN FALLS, ID 83303	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: PERSONAL PROPERTY TAX		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.276	Priority creditor's name and mailing address UTAH DEPARTMENT OF AGRICULTURE & FOOD PO BOX 146500 SALT LAKE CITY, UT 84114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: BUSINESS LICENSE		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.277	Priority creditor's name and mailing address Utah Department of Workforce Services Unemployment Insurance PO Box 45233 Salt Lake City, UT 84145-0233	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Payroll-SUI		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.278	Priority creditor's name and mailing address Utah State Tax Commission 210 North 1950 West Salt Lake City, UT 84134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: SALES & USE TAX		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.279	Priority creditor's name and mailing address VIENNA, CITY OF OFFICE OF THE TREASURER P.O. BOX 5097 VIENNA, WV 26105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: SALES & USE TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.280	Priority creditor's name and mailing address Vigo County 191 Oak St Terre Haute, IN 47807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Payroll-Local Income/School Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.281	Priority creditor's name and mailing address VILLAGE OF GREENDALE WATER/SEWER PO BOX 257 GREENDALE, WI 53129	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: PERSONAL PROPERTY TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.282	Priority creditor's name and mailing address VIRGINIA DEPARTMENT OF TAXATION OUT-OF-STATE DEALER'S USE TAX PO BOX 26627 RICHMOND, VA 23261-6627	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: BUSINESS LICENSE		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	17-30112
2.283	<p>Priority creditor's name and mailing address</p> <p>Warren County Schools Occupational Tax Office PO Box 51530 Bowling Green, KY 42102</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>Payroll-Local Income/School Taxes</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <hr/> <p>\$0.00</p> <hr/>
2.284	<p>Priority creditor's name and mailing address</p> <p>WARREN COUNTY SCHOOLS OCCUPATIONAL NET PROFIT PO BOX 890944 CHARLOTTE, NC 28289</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>SALES & USE TAX</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <hr/> <p>\$0.00</p> <hr/>
2.285	<p>Priority creditor's name and mailing address</p> <p>WASHINGTON COUNTY DAVID RUFF, TAX COLLECTOR 280 N COLLEGE, SUITE 202 FAYETTEVILLE, AR 72701</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>PERSONAL PROPERTY TAX-CAPITAL LEASE PROP</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <hr/> <p>\$0.00</p> <hr/>
2.286	<p>Priority creditor's name and mailing address</p> <p>WASHINGTON COUNTY TRUSTEE MONTY TREADWAY PO BOX 215 JONESBOROUGH, TN 37659</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>Payroll-Local Income/School Taxes</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <hr/> <p>\$0.00</p> <hr/>

Debtor **Vanity Shop of Grand Forks, Inc.**
Name

Case number (if known)

17-30112

2.287	Priority creditor's name and mailing address WAUSAU, CITY OF TREASURER PO BOX 3051 MILWAUKEE, WI 53201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: PERSONAL PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.288	Priority creditor's name and mailing address Wayne County 401 East Main Richmond, IN 47374	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-Local Income/School Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.289	Priority creditor's name and mailing address WEBER COUNTY ASSESSOR 2380 WASHINGTON BLVD STE 380 OGDEN, UT 84401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.290	Priority creditor's name and mailing address WEST VIRGINIA DEPARTMENT OF REVENUE THE REVENUE CENTER 1001 LEE ST E CHARLESTON, WV 25301-1725	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Payroll-SUI Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	17-30112
2.291	<p>Priority creditor's name and mailing address</p> <p>West Virginia Unemployment Compensation PO Box 106 Charleston, WV 25321</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>Payroll Tax (if any)</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.292	<p>Priority creditor's name and mailing address</p> <p>WHATCOM COUNTY TREASURER PO BOX 34873 SEATTLE, WA 98124</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>SALES & USE TAX</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.293	<p>Priority creditor's name and mailing address</p> <p>White County 124 North Main Street Suite A Monticello, IN 47960</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>Payroll-Local Income/School Taxes</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>
2.294	<p>Priority creditor's name and mailing address</p> <p>Whitley County 220 W Van Buren St Suite 208 Columbia City, IN 46725</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <p>Payroll-Local Income/School Taxes</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00 \$0.00</p>

Debtor Name	Case number (if known)	17-30112	
Vanity Shop of Grand Forks, Inc. <hr/> 2.295 Priority creditor's name and mailing address Wisconsin Department of Revenue PO Box 8966 Madison, WI 53708 <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <hr/> Basis for the claim: PERSONAL PROPERTY TAX <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.296 Priority creditor's name and mailing address WISCONSIN DEPARTMENT OF REVENUE PO BOX 98949 MADISON, WI 53708-8949 <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <hr/> Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.297 Priority creditor's name and mailing address WISCONSIN DEPARTMENT OF REVENUE PO BOX 8908 MADISON, WI 53708-8908 <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <hr/> Basis for the claim: INCOME/FRANCHISE/BUSINESS TAX RETURN <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.298 Priority creditor's name and mailing address Wisconsin Department of Workforce Development Division of Unemployment Insurance PO Box 7945 Madison, WI 53707 <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <hr/> Basis for the claim: Payroll-State Income Tax <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

2.299	Priority creditor's name and mailing address WOOD COUNTY SHERIFF ATTN: TREASURER OFFICE PO BOX 1985 PARKERSBURG, WV 26102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: SALES & USE TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.300	Priority creditor's name and mailing address WV STATE TAX DEPT. PO BOX 3852 CHARLESTON, WV 25338	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: SALES & USE TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.301	Priority creditor's name and mailing address WYOMING DEPARTMENT OF REVENUE 122 W 25TH ST, 2W CHEYENNE, WY 82002-0110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: WA BUSINESS & OCCUPATIONAL TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.302	Priority creditor's name and mailing address WYOMING SECRETARY OF STATE 200 WEST 24TH STREET CHEYENNE, WY 82002-0020	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: WA BUSINESS & OCCUPATION TAX		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

2.303	Priority creditor's name and mailing address YELLOWSTONE COUNTY TREAS. PO BOX 35010 BILLINGS, MT 59107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Basis for the claim: PERSONAL PROPERTY TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.304	Priority creditor's name and mailing address ZANESVILLE, CITY OF DIVISION OF INCOME TAX 401 MARKET STREET ZANESVILLE, OH 43701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
--	--	--	------------------------

3.1	Nonpriority creditor's name and mailing address *GIFT CARD HOLDERS (Unknown) Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Outstanding obligations to gift cards. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$975,000.00
-----	--	--	---------------------

3.2	Nonpriority creditor's name and mailing address *GOVERNMENTAL UNITS SEE ATTACHMENT: SCHEDULE F - GOVERNMENTAL UNITS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only provided in the event of any potential claims made due to store closings in applicable states. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-----	---	--	----------------

3.3	Nonpriority creditor's name and mailing address *LANDLORDS SEE ATTACHMENT: SCHEDULES F & G- LANDLORDS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: See attachment for Landlord/Store list for any amounts owing prepetition. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,332,783.47
-----	---	---	-----------------------

Debtor **Vanity Shop of Grand Forks, Inc.**
Name

Case number (if known) **17-30112**

3.4	Nonpriority creditor's name and mailing address 1ST CHOICE ELECTRIC INC 5303 W 25TH ST. GREELEY, CO 80634 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.00
3.5	Nonpriority creditor's name and mailing address 1ST CHOICE LOCK PO BOX 137 JANESVILLE, WI 53547 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOCKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.20
3.6	Nonpriority creditor's name and mailing address 26 INT'L 1500 S. GRIFFITH AVE. LOS ANGELES, CA 90021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$159,978.63
3.7	Nonpriority creditor's name and mailing address A & A LANDSCAPE AND MAINTENANCE OF ND PO BOX 907 WILLISTON, ND 58802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SNOW REMOVAL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$570.00
3.8	Nonpriority creditor's name and mailing address A & G ELECTRIC COMPANY 490 EAST 14TH DUBUQUE, IA 52001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$183.51
3.9	Nonpriority creditor's name and mailing address A-1 LOCK & KEY P.O. BOX 1055 FERGUS FALLS, MN 56538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOCKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86.51
3.10	Nonpriority creditor's name and mailing address A-1 SIGN CO 140 N INDUSTRIAL DRIVE GARDEN CITY, KS 67846 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$208.61

Debtor Name	Case number (if known)	17-30112
3.11 Nonpriority creditor's name and mailing address A.C. KLOPF, INC. 524 S FRANKLIN ST SAGINAW, MI 48607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$410.00
3.12 Nonpriority creditor's name and mailing address A.M.C. MERCHANDISING FLAT/RM 1401, CAMBRIDGE 26-28 CAMERON RD TSMI SHA TUL KOWLOON, HONG KONG Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.13 Nonpriority creditor's name and mailing address A.T. KLEMENS 814 12TH STREET N GREAT FALLS, MT 59401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC PM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124.00
3.14 Nonpriority creditor's name and mailing address AAA HEATING & SHEET METAL 3451 55TH ST SE MINOT, ND 58701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.00
3.15 Nonpriority creditor's name and mailing address ABM BUILDING SERVICES PO BOX 601933 CHARLOTTE, NC 28260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104.50
3.16 Nonpriority creditor's name and mailing address AC3 BUILDING MAINTENANCE SUPPLY 2345 BOYCE-FAIRVIEW ROAD ALVATON, KY 42122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.17 Nonpriority creditor's name and mailing address ACCUCOOL INC 3400 NEW CASTLE CT MANHATTAN, KS 66503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V254 HVAC Preventative Mtce</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$196.84

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.18	Nonpriority creditor's name and mailing address ACORN ELECTRICAL SPECIALISTS, INC PO BOX 550 PINEY FLATS, TN 37686 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
------	---	--	-----------------

3.19	Nonpriority creditor's name and mailing address ACTIVE USA INC. 1807 E. 48TH PLACE LOS ANGELES, CA 90058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,825.04
------	---	---	-------------------

3.20	Nonpriority creditor's name and mailing address ADVANCE CONTRACTING ELECTRICAL SERVICE PO BOX 320123 FLINT, MI 48530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$260.00
------	---	--	-----------------

3.21	Nonpriority creditor's name and mailing address ADVANCED COMFORT SOLUTIONS INC 3941 WEST 5TH STREET CHEYENNE, WY 82007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V129 HVAC Preventative Mtce</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
------	---	---	-----------------

3.22	Nonpriority creditor's name and mailing address ADVANCED HEATING & AIR CONDITIONING, INC. PO BOX 775 FORT DODGE, IA 50501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V132 HVAC Preventative Mtce</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.24
------	--	---	-----------------

3.23	Nonpriority creditor's name and mailing address AFFORDABLE REPAIR SERVICE 2104 CAMELOT COURT APARTMENT 14 APPLETON, WI 54915 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$756.00
------	---	--	-----------------

3.24	Nonpriority creditor's name and mailing address AFLAC 1932 Wynnton Road Columbus, GA 31999 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Benefits - Voluntary Employee Hospital Indemnity/Cancer/AD&D</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,074.00
------	---	--	-------------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.25	Nonpriority creditor's name and mailing address AG CLEANING SERVICES ANTHONY GIBBONS D.B.A. 81 RANDOLPH STREET ROCHESTER, NY 14621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
<hr/>			
3.26	Nonpriority creditor's name and mailing address AIR CONTROLS BILLINGS PO BOX 1277 BILLINGS, MT 59103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC PM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.19
<hr/>			
3.27	Nonpriority creditor's name and mailing address AIR MASTERS 1330 NORTH GRAND AVE W SPRINGFIELD, IL 62702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.00
<hr/>			
3.28	Nonpriority creditor's name and mailing address AIRE SERV OF LONGVIEW 201 S WARD DR LONGVIEW, TX 75604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V179 HVAC Preventative Mtce</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$311.56
<hr/>			
3.29	Nonpriority creditor's name and mailing address AJ SHEET METAL, INC 910 E 8TH ST NORTH PLATTE, NE 69103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V69 HVAC Preventative Mtce</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$211.32
<hr/>			
3.30	Nonpriority creditor's name and mailing address ALL SEASONS HEATING & COOLING 798 CEDAR CROSS ROAD DUBUQUE, IA 52003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NEW HVAC SYSTEM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,844.00
<hr/>			
3.31	Nonpriority creditor's name and mailing address ALLIANT ENERGY PO BOX 3060 CEDAR RAPIDS, IA 52406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,791.13

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

3.32	Nonpriority creditor's name and mailing address ALLIANT ENERGY PO BOX 3062 CEDAR RAPIDS, IA 52406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$739.08
------	--	---	-----------------

3.33	Nonpriority creditor's name and mailing address ALLIED RESTAURANT SERVICE 187 SOUTH ILLINOIS AVE MANSFIELD, OH 44905 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V136 HVAC Preventative Mtce</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.75
------	---	---	-----------------

3.34	Nonpriority creditor's name and mailing address ALP UTILITIES PO BOX 609 ALEXANDRIA, MN 56308 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$713.65
------	--	---	-----------------

3.35	Nonpriority creditor's name and mailing address AMEREN ILLINOIS PO BOX 88034 CHICAGO, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$519.40
------	---	---	-----------------

3.36	Nonpriority creditor's name and mailing address AMEREN MISSOURI PO BOX 88068 CHICAGO, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V232 Gas 1/17</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,603.34
------	---	---	-------------------

3.37	Nonpriority creditor's name and mailing address AMERICAN ELECTRIC POWER PO BOX 24407 CANTON, OH 44701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$654.23
------	--	---	-----------------

3.38	Nonpriority creditor's name and mailing address AMERICAN ELECTRIC POWER PO BOX 24002 CANTON, OH 44701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$828.17
------	--	---	-----------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.39	Nonpriority creditor's name and mailing address AMERICAN SOLUTIONS FOR BUSINESS 8479 SOLUTION CENTER CHICAGO, IL 60677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,047.76
------	---	--	-------------------

3.40	Nonpriority creditor's name and mailing address AMES LOCK & SECURITY 507 MAIN ST SUITE 2 AMES, IA 50010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOCKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123.05
------	--	---	-----------------

3.41	Nonpriority creditor's name and mailing address AMES MUNICIPAL UTILITIES PO BOX 811 AMES, IA 50010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$695.59
------	---	---	-----------------

3.42	Nonpriority creditor's name and mailing address AMIEE LYNN INC. 65 RAILROAD AVE. SUITE #4 RIDGEFIELD, NJ 07657 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,285.53
------	---	---	-------------------

3.43	Nonpriority creditor's name and mailing address AMPLITEL TECHNOLOGIES 240 W WISCONSIN AVE SUITE 1 KAUKAUNA, WI 54130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$203.11
------	---	--	-----------------

3.44	Nonpriority creditor's name and mailing address ANCHOR SAFETY, INC. PO BOX 10030 LONGVIEW, TX 75608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FIRE EXTINGUISHER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.36
------	--	---	----------------

3.45	Nonpriority creditor's name and mailing address ANDERSON BOTTRELL SANDEN & THOMPSON PO BOX 10247 FARGO, ND 58106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LEGAL SVC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$292.50
------	---	---	-----------------

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

3.46	Nonpriority creditor's name and mailing address ANDOR, INC. 9 NORTH MAPLE WATERTOWN, SD 57201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC PM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.79
3.47	Nonpriority creditor's name and mailing address Anfield Apparel Group 20851 Currier Road Walnut, CA 91789 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$248,591.88
3.48	Nonpriority creditor's name and mailing address APOLLO HEATING AND AIR CONDITIONING PO BOX 7287 KENNEWICK, WA 99336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,467.45
3.49	Nonpriority creditor's name and mailing address AQUA OHIO INC PO BOX 1229 NEWARK, NJ 07101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.82
3.50	Nonpriority creditor's name and mailing address ARCHIBALD, JENN 4423 VALLISTA DR COLORADO SPRINGS, CO 80915 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.02
3.51	Nonpriority creditor's name and mailing address ARREGUIN, ALFA 727 PORTLAND ST PONTIAC, MI 48340 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.88
3.52	Nonpriority creditor's name and mailing address ARTCO GLOBAL GROUP 595 COUNTRY CLUB DRIVE NEWARK, OH 43055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,931.75

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

3.53	Nonpriority creditor's name and mailing address ASHWAUBENON WATER & SEWER UTILITY PO BOX 187 GREEN BAY, WI 54305 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.05
------	---	---	-----------------

3.54	Nonpriority creditor's name and mailing address ASK ABOUT WINDOWS PO BOX 3854 SHAWNEE, OK 74802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
------	--	--	----------------

3.55	Nonpriority creditor's name and mailing address AT&T PO BOX 105414 ATLANTA, GA 30348 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PHONE SERVICE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$504.08
------	---	---	-----------------

3.56	Nonpriority creditor's name and mailing address AT&T PO BOX 5080 CAROL STREAM, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PHONE SERVICE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$525.55
------	--	---	-----------------

3.57	Nonpriority creditor's name and mailing address AT&T PO BOX 5001 CAROL STREAM, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TELECOMMUNICATIONS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$772.94
------	--	--	-----------------

3.58	Nonpriority creditor's name and mailing address AT&T PO BOX 105262 ATLANTA, GA 30348 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TELECOMMUNICATIONS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$738.55
------	---	--	-----------------

3.59	Nonpriority creditor's name and mailing address ATMOS ENERGY PO 790311 ST. LOUIS, MO 63179 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$222.63
------	---	---	-----------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.60	Nonpriority creditor's name and mailing address AUMAN COMPANY, INC 311 E 11TH ST HAYS, KS 67601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.63
------	--	--	-----------------

3.61	Nonpriority creditor's name and mailing address AVISTA 1411 E MISSION AVE SPOKANE, WA 99252 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,514.39
------	--	---	-------------------

3.62	Nonpriority creditor's name and mailing address BAERTSCH, RBECC 405 6TH AVE MARION, ND 58466 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
------	---	--	----------------

3.63	Nonpriority creditor's name and mailing address BALLET GROUP INC. 3 EMPIRE BLVD. SOUTH HACKENSACK, NJ 07606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,312.07
------	--	---	--------------------

3.64	Nonpriority creditor's name and mailing address BATNER PEST CONTROL, INC 16948 W. VICTOR RD NEW BERLIN, WI 53151 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PEST CONTROL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.00
------	---	--	----------------

3.65	Nonpriority creditor's name and mailing address BAUMGARTNER, HEATHER 201 W WAID AVE MUNCIE, IN 47303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EMPLOYEE TRAVEL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.70
------	---	---	----------------

3.66	Nonpriority creditor's name and mailing address BAXTER, CITY OF BOX 2626 BAXTER, MN 56425 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.01
------	--	---	----------------

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

3.67	Nonpriority creditor's name and mailing address BECKLUND, MANNO 26810 N. REGAL RD CHATTAROY, WA 99003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.97
3.68	Nonpriority creditor's name and mailing address BEKINS FIRE & SAFETY 3400 N US HWY 75 SIOUX CITY, IA 51105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FIRE EXTINGUISHER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.13
3.69	Nonpriority creditor's name and mailing address BELIEVE ELECTRICIANS & EQUIPMENT CO., INC 453 OLD LOCK 12 RD MORGANTOWN, WV 26501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$532.43
3.70	Nonpriority creditor's name and mailing address BELMONT COUNTY SANITARY SEWER DISTRICT PO BOX 457 ST CLAIRSVILLE, OH 43950 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.71	Nonpriority creditor's name and mailing address BEMIDJI HOLDINGS, LLC PAUL BUNYAN MALL 1401 PAUL BUNYAN DRIVE NW BEMIDJI, MN 56601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.59
3.72	Nonpriority creditor's name and mailing address BEMINE NYC INC 10 W. 33RD STREET ROOM 515 NEW YORK, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,229.10
3.73	Nonpriority creditor's name and mailing address BENTON PUD 2721 W 10TH AVE PO BOX 6270 KENNEWICK, WA 99336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$306.13

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.74	Nonpriority creditor's name and mailing address BETTREUDN, KEND 405 MARILYN DRIVE CLEARFIELD, UT 84015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.01
------	---	--	----------------

3.75	Nonpriority creditor's name and mailing address BIG CREEK CROSSING 3918 VINE ST SUITE 1 HAYS, KS 67601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SECURITY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
------	---	--	----------------

3.76	Nonpriority creditor's name and mailing address BIGGS, KAYCEE 4512 N SAGINAW RD APT 721 MIDLAND, MI 48640 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EMPLOYEE TRAVEL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.74
------	--	---	-----------------

3.77	Nonpriority creditor's name and mailing address BINGER, KRISTIE 18410 382ND AVE TULARE, SD 57476 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.50
------	---	--	----------------

3.78	Nonpriority creditor's name and mailing address BISS LOCK, INC. 1218 2ND AVE S VIRGINIA, MN 55792 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOCKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$218.82
------	--	---	-----------------

3.79	Nonpriority creditor's name and mailing address BLACK HAWK WASTE DISP INC PO BOX 2592 WATERLOO, IA 50704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WASTE SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$176.55
------	---	--	-----------------

3.80	Nonpriority creditor's name and mailing address BLACK HILLS ENERGY PO BOX 6001 RAPID CITY, SD 57709 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$531.25
------	--	---	-----------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.81	Nonpriority creditor's name and mailing address BLUE AMBROSIA 2323 E 52ND ST. VERNON, CA 90058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
------	---	--	---------------

3.82	Nonpriority creditor's name and mailing address Blue Cross Blue Shield of North Dakota PO Box 6005 Fargo, ND 58108-6005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential claims to be submitted post-petition for pre-petition services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
------	--	--	---------------

3.83	Nonpriority creditor's name and mailing address BOB SMITH WINDOW CLEANING PO BOX 2117 EAU CLAIRE, WI 54702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.34
------	---	---	---------------

3.84	Nonpriority creditor's name and mailing address BOKOWSKI, BROOK 719 N WHITE GRAND ISLAND, NE 68801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
------	---	---	----------------

3.85	Nonpriority creditor's name and mailing address BOLTON CONSTRUCTION & HVAC 1718 SW 3RD AVE AMARILLO, TX 79106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.10
------	--	---	-----------------

3.86	Nonpriority creditor's name and mailing address BOSSET, AMBER 1119 14TH ST W APT 210 DICKINSON, ND 58601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EMPLOYEE TRAVEL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.64
------	---	--	-----------------

3.87	Nonpriority creditor's name and mailing address BRAINERD PUBLIC UTILITIES PO BOX 373 BRAINERD, MN 56401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$592.15
------	--	--	-----------------

Debtor Name	Case number (if known)	
Vanity Shop of Grand Forks, Inc.	17-30112	
3.88 Nonpriority creditor's name and mailing address BRAND HEADQUARTERS LLC 16516 VIA ESPRILLO SUITE 100 SAN DIEGO, CA 92127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185,707.75
3.89 Nonpriority creditor's name and mailing address BREKKE MECHANICAL 4140 F AVE NW CEDAR RAPIDS, IA 52405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.19
3.90 Nonpriority creditor's name and mailing address BRITE WAY OF THE ILLINOIS VALLEY PO BOX 236 PERU, IL 61354 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00
3.91 Nonpriority creditor's name and mailing address BRITE WAY PROFESSIONAL WINDOW CLEANING PO BOX 772 WATERLOO, IA 50704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.52
3.92 Nonpriority creditor's name and mailing address BRITE-WAY PROFESSIONAL WINDOW CLEANING PO BOX 971 KEARNEY, NE 68848 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.20
3.93 Nonpriority creditor's name and mailing address BRITE-WAY WINDOW CLEANING P.O. BOX 892 MINOT, ND 58702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$208.00
3.94 Nonpriority creditor's name and mailing address BRITE-WAY WINDOW CLEANING 3332 4TH AVE S SUITE 2E FARGO, ND 58103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V5 Window Washing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.95	Nonpriority creditor's name and mailing address BRITE-WAY WINDOW SERVICE P.O. BOX 164 ONALASKA, WI 54650 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.00
------	---	---	----------------

3.96	Nonpriority creditor's name and mailing address BRITE-WAY WINDOW SERVICE PO BOX 3101 LONGVIEW, TX 75601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
------	--	---	----------------

3.97	Nonpriority creditor's name and mailing address BROWN & SAENGER PO BOX 84040 SIOUX FALLS, SD 57118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Toilet Paper/Gen'l supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,603.44
------	---	--	-------------------

3.98	Nonpriority creditor's name and mailing address BRYAN, JOANN 11819 COUNTRY RD ST JOSEPH, MO 64485 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.01
------	--	---	---------------

3.99	Nonpriority creditor's name and mailing address BUECHEL, SARA 122 N BERGER PKWY APT E10 FON DU LAC, WI 54935 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.80
------	---	---	---------------

3.100	Nonpriority creditor's name and mailing address BUMGARDNER, LES 9832 E CNTY RD 725 S CLOVERDALE, IN 46120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.73
-------	--	---	----------------

3.101	Nonpriority creditor's name and mailing address BYRD, JENNIFER 118 GLENDALE CT MONROE, MI 48162 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.83
-------	--	---	----------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.102	Nonpriority creditor's name and mailing address CALLABRESI HEATING & COOLING 1311 ARMORY RD SALINA, KS 67401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V251 HVAC Preventative Mtce</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.25
3.103	Nonpriority creditor's name and mailing address CAMPBELL, JUDY 200 S. MAIN ST. APT. 406 HANNIBAL, IL 64301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.22
3.104	Nonpriority creditor's name and mailing address CANIDA, CHELSIE 2125 MAPLEWOOD AVE BELLINGHAM, WA 98225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.80
3.105	Nonpriority creditor's name and mailing address CANNIZZO ELECTRIC INC 140 ROSE DUST DRIVE ROCHESTER, NY 14626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$359.00
3.106	Nonpriority creditor's name and mailing address CANNON, BRIANNA 9617 MIDDLE MT. VERNON RD EVANSVILLE, IN 47712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.60
3.107	Nonpriority creditor's name and mailing address CAPELLI 1 EAST 33RD ST NEW YORK, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,890.40
3.108	Nonpriority creditor's name and mailing address CARLSONJPM STORE FIXTURES NW 7334 PO BOX 1450 MINNEAPOLIS, MN 55485 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$446.04

Debtor	Vanity Shop of Grand Forks, Inc.	Case number (if known)	17-30112
Name			

3.109	Nonpriority creditor's name and mailing address CARMICHAEL INTERNATIONAL P.O. BOX 51025 LOS ANGELES, CA 90051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90,641.79
-------	--	--	--------------------

3.110	Nonpriority creditor's name and mailing address CAROLE INC 1607 SO GRAND AVE LOS ANGELES, CA 90015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,830.18
-------	---	--	-------------------

3.111	Nonpriority creditor's name and mailing address CASS COUNTY ELECTRIC COOP PO BOX 6088 FARGO, ND 58108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$454.11
-------	--	--	-----------------

3.112	Nonpriority creditor's name and mailing address CAVALINI INC. DBA CI SONO 1536 SOUTH ALAMEDA ST. LOS ANGELES, CA 90021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$171,430.98
-------	---	--	---------------------

3.113	Nonpriority creditor's name and mailing address CE MITCHELL & SONS 308 4TH AVE S PO BOX 2523 GREAT FALLS, MT 59405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
-------	---	---	-----------------

3.114	Nonpriority creditor's name and mailing address CEDAR FALLS UTILITIES UTILITY PARKWAY PO BOX 769 CEDAR FALLS, IA 50613 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,082.03
-------	---	--	-------------------

3.115	Nonpriority creditor's name and mailing address CENTERPOINT ENERGY PO BOX 4671 HOUSTON, TX 77210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$269.26
-------	---	--	-----------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.116	Nonpriority creditor's name and mailing address CENTRAL FIRE & SAFETY PO BOX 1492 2620 EAST HWY 30 KEARNEY, NE 68848 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FIRE EXT. INSPECTION</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.54
-------	---	---	----------------

3.117	Nonpriority creditor's name and mailing address CENTRAL HEATING & AIR CONDITIONING CO 1619 1/2 W MARKET JOHNSON CITY, TN 37604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V81 HVAC Preventative Mtce</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
-------	---	---	-----------------

3.118	Nonpriority creditor's name and mailing address CENTRAL TEMPERATURE EQUIPMENT SERVICE INC 1054 AMERICAN DR NEENAH, WI 54956 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V47 Repair HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,520.21
-------	--	--	-------------------

3.119	Nonpriority creditor's name and mailing address CENTURY LINK PO BOX 91154 SEATTLE, WA 98111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PHONE SERVICE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,694.72
-------	--	--	-------------------

3.120	Nonpriority creditor's name and mailing address CENTURY LINK BUSINESS SERVICES PO BOX 52187 PHOENIX, AZ 85072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PHONE SERVICE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,540.40
-------	--	--	-------------------

3.121	Nonpriority creditor's name and mailing address CENTURY LINK PO BOX 91155 SEATTLE, WA 98111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TELECOMMUNICATIONS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,144.59
-------	--	---	-------------------

3.122	Nonpriority creditor's name and mailing address CENTURY LINK PO BOX 4300 CAROL STREAM, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TELECOMMUNICATIONS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.90
-------	--	---	----------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.123	Nonpriority creditor's name and mailing address CENTURY LINK PO BOX 2961 PHOENIX, AZ 85062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TELECOMMUNICATIONS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.51
3.124	Nonpriority creditor's name and mailing address CENTURY LINK PO BOX 1319 CHARLOTTE, NC 28201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TELECOMMUNICATIONS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.48
3.125	Nonpriority creditor's name and mailing address CHAFFINS, PATRI 1033 ROSE LN LOUISA, KY 41230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.66
3.126	Nonpriority creditor's name and mailing address CHAPEN, LEANNA 6336 OAKBROOK DRIVE YPSILANTI, MI 48197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.31
3.127	Nonpriority creditor's name and mailing address CHAPMAN'S MECHANICAL SYSTEMS, INC. PO BOX 1008 LASALLE, IL 61301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC PM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.70
3.128	Nonpriority creditor's name and mailing address CHAPPELL CENTRAL INC 2101 GORTON AVE NW P.O. BOX 916 WILLMAR, MN 56201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$159.82
3.129	Nonpriority creditor's name and mailing address CHENGDA INT'L CO., LTD NO. 71 RENMIN RD DALIAN, CHINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275,351.35

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.130	Nonpriority creditor's name and mailing address CHIODA QUALITY WINDOW CLEANING 1000 EAST SMITHFIELD ST MCKEESPORT, PA 15135 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
-------	--	--	----------------

3.131	Nonpriority creditor's name and mailing address CHITTY GARBAGE SERVICE PO BOX 29 NEVADA, IA 50201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WASTE SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$317.79
-------	--	--	-----------------

3.132	Nonpriority creditor's name and mailing address CHRISTOPHER, JE 3759 GRANT AVE C18 S OGDEN, UT 84405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.35
-------	---	--	----------------

3.133	Nonpriority creditor's name and mailing address CINTAS FIRE PROTECTION CINTAS FAS LOCKBOX 636525 PO BOX 636525 CINCINNATI, OH 45263 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V46 Fire Ext. Inspection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.92
-------	--	--	-----------------

3.134	Nonpriority creditor's name and mailing address CISSELL, DUSTY 4733 WHITE STREET MISSOULA, MT 59808 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EMPLOYEE TRAVEL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.25
-------	--	---	----------------

3.135	Nonpriority creditor's name and mailing address CITY OF FERGUS FALLS PUBLIC UTILITIES DEPT 112 W WASHINGTON AVE FERGUS FALLS, MN 00056-5537 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.00
-------	--	---	----------------

3.136	Nonpriority creditor's name and mailing address CITY OF LIMA - UTILITIES PO BOX 183199 COLUMBUS, OH 43218 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.02
-------	--	---	----------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.137	Nonpriority creditor's name and mailing address CITY OF PERU 1901 FOURTH STREET PO BOX 299 PERU, IL 61354 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,533.16
-------	--	---	-------------------

3.138	Nonpriority creditor's name and mailing address City Triangles 6015 Bandini Blvd. Commerce, CA 90040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,231.44
-------	---	---	--------------------

3.139	Nonpriority creditor's name and mailing address CITY WATER & LIGHT PO BOX 1289 JONESBORO, AR 72403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$409.80
-------	---	---	-----------------

3.140	Nonpriority creditor's name and mailing address CITYWIDE WINDOW SERVICES PO BOX 790 ANOKA, MN 55303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.04
-------	--	--	----------------

3.141	Nonpriority creditor's name and mailing address CLARKSVILLE DEPARTMENT OF ELECTRICITY PO BOX 31449 CLARKSVILLE, TN 37040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$449.23
-------	---	---	-----------------

3.142	Nonpriority creditor's name and mailing address CLARKSVILLE GAS & WATER PO BOX 31329 CLARKSVILLE, TN 37040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.14
-------	---	---	----------------

3.143	Nonpriority creditor's name and mailing address CLEAR VIEW WINDOW CLEANING 4106 KATERI WAY SIOUX CITY, IA 51106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
-------	--	--	----------------

Debtor Name	Case number (if known)	17-30112
Vanity Shop of Grand Forks, Inc. 3.144 Nonpriority creditor's name and mailing address CLEARVIEW WINDOW WASHING 6501 FOREST PARK DRIVE DE FOREST, WI 53532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WINDOW WASHING Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
3.145 Nonpriority creditor's name and mailing address COCHRAN, RANDY COCHRAN CONSTRUCTION 13200 OLD PRINCIPAL RD HEYWORTH, IL 61745 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113.70
3.146 Nonpriority creditor's name and mailing address COLORADO SPRINGS UTILITIES PO BOX 340 COLORADO SPRINGS, CO 80947 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131.37
3.147 Nonpriority creditor's name and mailing address COLUMBIA GAS PO BOX 742510 CINCINNATI, OH 45274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.58
3.148 Nonpriority creditor's name and mailing address COMFORT SYSTEMS USA 5818 SANDPIPER DR MISSOULA, MT 59808 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: HVAC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.00
3.149 Nonpriority creditor's name and mailing address COMMERCIAL AIR & ELECTRIC 260 S SANTA FE AVE PUEBLO, CO 81003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: HVAC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.00
3.150 Nonpriority creditor's name and mailing address CONSOLIDATED COMMUNICATIONS PO BOX 3188 PO BOX 3188 MILWAUKEE, WI 53201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TELECOMMUNICATIONS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.88

Debtor Name	Case number (if known)	17-30112
Vanity Shop of Grand Forks, Inc. 3.151 Nonpriority creditor's name and mailing address CONSUMERS ENERGY PAYMENT CENTER PO BOX 740309 CINCINNATI, OH 45274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.36
3.152 Nonpriority creditor's name and mailing address CONTEMPO LIMITED 15/F, CONTEMPO PLACE 81 HUNG TO ROAD, KWUN TONG KOWLOON, HONG KONG Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MERCHANDISE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,032.05
3.153 Nonpriority creditor's name and mailing address COOPER CONSULTING & PROPERTY MANAGEMENT, INC 2400 W CR 500 SOUTH MUNCIE, IN 47302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,162.20
3.154 Nonpriority creditor's name and mailing address CORPORATE MALL SERVICES 2502 BIDDLE AVE WYANDOTTE, MI 48192 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WINDOW WASHING Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.00
3.155 Nonpriority creditor's name and mailing address COSTA, HEATHER 107 CHERRY ST -PO BOX 242 GREEN VALLEY, IL 61534 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.00
3.156 Nonpriority creditor's name and mailing address COUNTWISE 1149 SAWGRASS CORP PKWY SUNRISE, FL 33323 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$922.50
3.157 Nonpriority creditor's name and mailing address CR LIGHTING & ELECTRIC 380 KING ST LAYTON, UT 84041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.80

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.158	Nonpriority creditor's name and mailing address CRJ SOLUTIONS 33 RIDGE DRIVE EAST GREAT NECK, NY 11021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,955.46
-------	---	--	-------------------

3.159	Nonpriority creditor's name and mailing address CROSSBY BROWNLIE INC 100 NASSAU STREET ROCHESTER, NY 14605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$222.48
-------	---	---	-----------------

3.160	Nonpriority creditor's name and mailing address CRYSTAL CLEAR CLEANING 1127 N. BROOKS RUSSELL, KS 67665 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V214 Window Washing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
-------	--	--	----------------

3.161	Nonpriority creditor's name and mailing address CURT'S LOCK & KEY SERVICE 1102 MAIN AVE FARGO, ND 58103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$219.33
-------	--	---	-----------------

3.162	Nonpriority creditor's name and mailing address DAHLINGER, CARO 6022 LYNBROOK LANE MADISON, WI 53719 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.95
-------	---	---	----------------

3.163	Nonpriority creditor's name and mailing address DAKOTA FIRE EXTINGUISHERS 5100 SOUTH BROADWAY MINOT, ND 58701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FIRE EXTINGUISHER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.98
-------	--	--	----------------

3.164	Nonpriority creditor's name and mailing address DAKOTA WEST CONTRACTING P.O. BOX 2377 BISMARCK, ND 58502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,525.00
-------	---	---	-------------------

Debtor Name	Case number (if known)	17-30112
Vanity Shop of Grand Forks, Inc. Name 3.165 Nonpriority creditor's name and mailing address DAMIAN REITEN CONST INC. 10543 PIERCE ST. NE BLAINE, MN 55434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375.00
3.166 Nonpriority creditor's name and mailing address DAVID & YOUNG 903 CASTLE ROAD SECAUCUS, NJ 07094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MERCHANDISE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,975.68
3.167 Nonpriority creditor's name and mailing address DAYSRING WINDOW CLEANING 701 UTAH AVE S GOLDEN VALLEY, MN 55426 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WINDOW WASHING Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.38
3.168 Nonpriority creditor's name and mailing address DAYTON POWER & LIGHT PO BOX 740598 CINCINNATI, OH 45274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,271.67
3.169 Nonpriority creditor's name and mailing address DEANDREA, OLIVI 414 N POPLAR NORTH PLATTE, NE 69101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.63
3.170 Nonpriority creditor's name and mailing address DELUXE BUSINESS FORMS PO BOX 742572 CINCINNATI, OH 45274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SUPPLIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.69
3.171 Nonpriority creditor's name and mailing address DEPENDABLE SANITATION PO BOX 378 ABERDEEN, SD 57402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WASTE SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.78

Debtor	Name	Case number (if known)	17-30112
3.172	Nonpriority creditor's name and mailing address DERMER REFRIGERATION, INC 6757 LYNX LANE BOZEMAN, MT 59718 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC PM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
3.173	Nonpriority creditor's name and mailing address DETROIT LAKES, CITY OF PO BOX 647 DETROIT LAKES, MN 56502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$469.57
3.174	Nonpriority creditor's name and mailing address DIAMOND B COMPANIES. INC PO BOX 80284 BILLINGS, MT 59108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,875.00
3.175	Nonpriority creditor's name and mailing address DIESEL DOGS TRUCKING, LLC PO BOX 585 FARGO, ND 58107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SNOW REMOVAL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237.50
3.176	Nonpriority creditor's name and mailing address DL MORSE & ASSOCIATES 1745 HOLTON RD STE B MUSKEGON, MI 49445 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONSTRUCTION</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137,033.32
3.177	Nonpriority creditor's name and mailing address DLA COMPANY, LLC 2670 LEONIS BLVD. VERNON, CA 90058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77,383.00
3.178	Nonpriority creditor's name and mailing address DOCTOR DOOR LLC 1506 DRIFTWOOD DRIVE BOZEMAN, MT 59715 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOCKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.00

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.179	Nonpriority creditor's name and mailing address DOMINION EAST OHIO PO BOX 26785 RICHMOND, VA 23261 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$276.05
-------	---	---	-----------------

3.180	Nonpriority creditor's name and mailing address DORWART, JOCELY 1343 JIM BRIDGER CASPER, WY 82604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.65
-------	--	--	----------------

3.181	Nonpriority creditor's name and mailing address DOWNEY, ANNMARI 640 DEER HAVEN DR DEER LODGE, MT 59722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.18
-------	---	--	----------------

3.182	Nonpriority creditor's name and mailing address DRESEN, SAMANTHA 1116 SAINT ANNE ST. SPARTA, WI 54656 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.22
-------	--	--	----------------

3.183	Nonpriority creditor's name and mailing address DTE ENERGY PO BOX 740786 CINCINNATI, OH 45274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$589.75
-------	--	---	-----------------

3.184	Nonpriority creditor's name and mailing address DUBUQUE, CITY OF UTILITY BILLING OFFICE PO BOX 1063 DUBUQUE, IA 52004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V138 Water/Sewer 1/17</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.59
-------	--	---	----------------

3.185	Nonpriority creditor's name and mailing address DUKE ENERGY PO BOX 1326 CHARLOTTE, NC 28201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,695.33
-------	--	---	-------------------

Debtor Name	Case number (if known)	17-30112
Vanity Shop of Grand Forks, Inc. 3.186 Nonpriority creditor's name and mailing address DUKE ENERGY PO BOX 70516 CHARLOTTE, NC 28272 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.00
3.187 Nonpriority creditor's name and mailing address DUKE ENERGY PROGRESS CENTRAL REMITTANCE PO BOX 1003 CHARLOTTE, NC 28201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$828.22
3.188 Nonpriority creditor's name and mailing address DUNN ELECTRICAL SERVICE PO BOX 3797 CLARKSVILLE, TN 37041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: V83 Replace Exit Sign Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.95
3.189 Nonpriority creditor's name and mailing address DYE, REBEKAH 822 2ND ST MARIETTA, OH 45750 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE TRAVEL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.14
3.190 Nonpriority creditor's name and mailing address E and H Enterprises of Alexandria, Inc. DBA Ellingson Plumbing Heating A/C 2510 Broadway St. S ALEXANDRIA, MN 56308 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: HVAC PM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.38
3.191 Nonpriority creditor's name and mailing address E.L.I.S. LLC 28 WEST 36TH STREET SUITE 305 NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MERCHANDISE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,237.17
3.192 Nonpriority creditor's name and mailing address EAST LION CORP. 318 BREA CANYON RD. CITY OF INDUSTRY, CA 91789 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MERCHANDISE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,175.90

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.193	Nonpriority creditor's name and mailing address EDGEMINE INC. 1801 E. 50TH STREET LOS ANGELES, CA 90058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,182.35
-------	--	--	--------------------

3.194	Nonpriority creditor's name and mailing address EDWARDS ELECTRICAL & MECHANICAL ML 505, PO BOX 145400 CINCINNATI, OH 45250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V108 HVAC Preventative Mtce</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
-------	---	--	-----------------

3.195	Nonpriority creditor's name and mailing address EMPIRE DISTRICT PO BOX 219239 KANSAS CITY, MO 64121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$608.29
-------	--	--	-----------------

3.196	Nonpriority creditor's name and mailing address ENERGY WEST - MONTANA PO BOX 2229 GREAT FALLS, MT 59403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$292.79
-------	--	--	-----------------

3.197	Nonpriority creditor's name and mailing address ENSLEY ELECTRICAL SERVICES PO BOX 5822 GRAND ISLAND, NE 68802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$313.48
-------	--	---	-----------------

3.198	Nonpriority creditor's name and mailing address EPOCH 120 E. 8TH STREET SUITE 907 LOS ANGELES, CA 90014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$980.00
-------	--	--	-----------------

3.199	Nonpriority creditor's name and mailing address ESCON GROUP 6 JOHNSON COURT BAY CITY, MI 48708 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.25
-------	---	---	-----------------

Debtor	Name	Case number (if known)	17-30112
3.200	Nonpriority creditor's name and mailing address EVENTIS CORPORATION ATTN: SENIOR VICE PRESIDENT OF SALE 2950 XENIUM LANE NORTH PLYMOUTH, MN 55441 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.201	Nonpriority creditor's name and mailing address EXECUTIVE ELECTRIC 15423 21 MILE RD MACOMB, MI 48044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$425.00
3.202	Nonpriority creditor's name and mailing address FAMMA GROUP INC. 2300 EAST 11TH STREET LOS ANGELES, CA 90021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,722.94
3.203	Nonpriority creditor's name and mailing address FANTAS-EYES 385 FIFTH AVE. 9TH FL. NEW YORK, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,452.63
3.204	Nonpriority creditor's name and mailing address FARGO VACUUM SALES & SERVICES 2901 13TH AVE SOUTH #C FARGO, ND 58103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$273.03
3.205	Nonpriority creditor's name and mailing address FARGO, CITY OF P.O. BOX 1066 FARGO, ND 58107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$341.60
3.206	Nonpriority creditor's name and mailing address FASHION FORMS CE SOIR LINGERIE CO, INC. DEPT LA 24404 PASADENA, CA 91185 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,565.15

Debtor Name	Case number (if known)	17-30112
Vanity Shop of Grand Forks, Inc. 3.207 Nonpriority creditor's name and mailing address FERSKI, MIRANDA 6332 VINCENT AVE S RICHFIELD, MN 55126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.98
3.208 Nonpriority creditor's name and mailing address FICEK ELECTRIC & COMMUNICATION SYSTEMS PO BOX 1456 LA SALLE, IL 61301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$236.93
3.209 Nonpriority creditor's name and mailing address FIDDELKE HEATING & AIR CONDITIONING, INC. PO BOX 1934 KEARNEY, NE 68848 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: V66 HVAC Preventative Mtce Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.70
3.210 Nonpriority creditor's name and mailing address FINELINE TECHNOLOGIES INC PO BOX 934219 ATLANTA, GA 31193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SUPPLIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$232.11
3.211 Nonpriority creditor's name and mailing address FINESSE NOVELTY CORP. 2 CHANNEL DRIVE PORT WASHINGTON, NY 11050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MERCHANDISE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,928.21
3.212 Nonpriority creditor's name and mailing address FIRE & SAFETY EQUIP III PO BOX 176 PLATTEVILLE, WI 53818 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FIRE EXTINGUISHER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.50
3.213 Nonpriority creditor's name and mailing address FIRE PROTECTION SPECIALISTS, LLC 3624 E SPRINGFIELD SPOKANE, WA 99202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FIRE EXTINGUISHER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.09

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

3.214	Nonpriority creditor's name and mailing address FIRE SUPPRESSION SERVICES 3802 SOUTH 2300 EAST SALT LAKE CITY, UT 84109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FIRE EXT. INSPECTION</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.80
-------	--	---	----------------

3.215	Nonpriority creditor's name and mailing address FIREGUARD INC 4404 S 76TH CIRCLE OMAHA, NE 68127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FIRE EXTINGUISHER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.00
-------	---	--	-----------------

3.216	Nonpriority creditor's name and mailing address FISH WINDOW CLEANING PO BOX 190882 ST LOUIS, MO 63119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.00
-------	--	---	----------------

3.217	Nonpriority creditor's name and mailing address FISH WINDOW CLEANING PO BOX 784 BOYSTOWN, NE 68010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.82
-------	---	---	----------------

3.218	Nonpriority creditor's name and mailing address FISH WINDOW CLEANING PO BOX 307 POWELL, OH 43065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.91
-------	---	---	----------------

3.219	Nonpriority creditor's name and mailing address FISH WINDOW CLEANING PO BOX 22268 BILLINGS, MT 59104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
-------	---	---	----------------

3.220	Nonpriority creditor's name and mailing address FOLEY ELECTRIC INC 2738 BARTELLS DR BELOIT, WI 53511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$316.00
-------	---	---	-----------------

Debtor **Vanity Shop of Grand Forks, Inc.**
Name

Case number (if known) **17-30112**

3.221	Nonpriority creditor's name and mailing address FORNERO, MARGAR 3149 E 1ST ST CHENOA, IL 61726 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.44
3.222	Nonpriority creditor's name and mailing address FORT DODGE, CITY OF WATER BILLING 819 1ST AVE S FORT DODGE, IA 50501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.62
3.223	Nonpriority creditor's name and mailing address FORTNEY REFRIGERATION 393 ROBERTS CT GRAND JUNCTION, CO 81504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: V167 HVAC Preventative Mtce Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$199.99
3.224	Nonpriority creditor's name and mailing address FOUTS, SARAH 415 HOBART ST EAU CLAIRE, WI 54703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.82
3.225	Nonpriority creditor's name and mailing address FREEDOM ELECTRIC INC PO BOX 67 09 SOUTH 200 EAST JEROME, ID 83338 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.05
3.226	Nonpriority creditor's name and mailing address FRONTIER PO BOX 740407 CINCINNATI, OH 45274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PHONE SERVICE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$668.50
3.227	Nonpriority creditor's name and mailing address GARDEN CITY PLAZA, LLC PO BOX 843938 KANSAS CITY, MO 64184 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$352.76

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.228	Nonpriority creditor's name and mailing address GARY'S SEWER & DRAIN PO BOX 6055 POCATELLO, ID 83205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
-------	---	--	-----------------

3.229	Nonpriority creditor's name and mailing address GARY, NEKA 1125 LANG RD. WATERLOO, IA 50702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.08
-------	--	--	----------------

3.230	Nonpriority creditor's name and mailing address GENERAL INFORMATION SERVICES INC. PO BOX 538450 ATLANTA, GA 30353 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>BACKGROUND CHECK SERVICE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,559.00
-------	--	--	-------------------

3.231	Nonpriority creditor's name and mailing address GENERAL REPAIR SERVICE CO PO BOX 111 BUSHLAND, TX 79012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V171 Replace Ceiling Tile</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
-------	--	---	-----------------

3.232	Nonpriority creditor's name and mailing address GENTRY, MANDA 11256 JOLLY MILL LN PIERCE CITY, MO 65723 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.26
-------	--	--	----------------

3.233	Nonpriority creditor's name and mailing address GERING VALLEY PLUMBING 1100 10TH STREET PO BOX 177 GERING, NE 69341 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V67 HVAC Preventative Mtce</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
-------	--	--	-----------------

3.234	Nonpriority creditor's name and mailing address GIBBS, ANNA 518 VICTORIA AVE. WILLIAMSTOWN, WV 00026-1878 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.80
-------	--	--	----------------

Debtor Name	Case number (if known)	17-30112
Vanity Shop of Grand Forks, Inc. Name 3.235 Nonpriority creditor's name and mailing address GLOVER, ROSALIN 3118 MUIR FIELD RD MADISON, WI 53719 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.03
3.236 Nonpriority creditor's name and mailing address GMPC LLC 11390 W. OLYMPIC BLVD. STE 400 LOS ANGELES, CA 90064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MERCHANDISE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$529.20
3.237 Nonpriority creditor's name and mailing address GOLDEN TOUCH IMPORTS, INC 1410 BROADWAY NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MERCHANDISE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,333.73
3.238 Nonpriority creditor's name and mailing address GONY, NYAGOA 1615 SOUTHWEST 10TH ST LINCOLN, NE 68522 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.11
3.239 Nonpriority creditor's name and mailing address GONZALES CONTRACTORS, LLC PO BOX 125 MIDLAND, TX 79702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.240 Nonpriority creditor's name and mailing address GOYETTE MECHANICAL 3842 GOREY AVE PO BOX 33 FLINT, MI 48501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: HVAC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$735.00
3.241 Nonpriority creditor's name and mailing address GRAND ISLAND, CITY OF UTILITIES DEPARTMENT PO BOX 310446 DES MOINES, IA 50331 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.06

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.242	Nonpriority creditor's name and mailing address GRANITE TELECOMMUNICATION CLIENT ID#311 PO BOX 983119 BOSTON, MA 02298 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TELECOMMUNICATIONS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$156.24
-------	---	--	-----------------

3.243	Nonpriority creditor's name and mailing address GREAT PLAINS NATURAL GAS PO BOX 5600 BISMARCK, ND 58506 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.37
-------	--	---	----------------

3.244	Nonpriority creditor's name and mailing address GREELEY LOCK & KEY 813 13TH STREET GREELEY, CO 80631 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOCKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173.10
-------	---	---	-----------------

3.245	Nonpriority creditor's name and mailing address GRUNAU COMPANY 8302 SOUTHERN BLVD UNIT 4 BOARDMAN, OH 44512 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V117 Quarterly Alarm Monitoring</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.44
-------	--	---	----------------

3.246	Nonpriority creditor's name and mailing address GULBRANSON, PEG 6528 EVERGREEN ACRES DR Sioux Falls, SD 57105 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.78
-------	--	--	----------------

3.247	Nonpriority creditor's name and mailing address GURNO, CORENE 13391 SCHOOLHOUSE CIRCLE HAYWARD, WI 54843 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.99
-------	---	--	----------------

3.248	Nonpriority creditor's name and mailing address GURU KNITS INC. 225 WEST 38TH ST. LOS ANGELES, CA 90037 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,212.75
-------	--	---	-------------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.249	Nonpriority creditor's name and mailing address H.E. NEUMANN CO. PO BOX 6208 WHEELING, WV 26003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC PM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$196.10
-------	--	---	-----------------

3.250	Nonpriority creditor's name and mailing address HALLICH, STEPHA 6447 5TH ST FRIDLEY, MN 55432 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.40
-------	--	--	----------------

3.251	Nonpriority creditor's name and mailing address HAMDAN, SONIKA 1201 TURTLE CREEK RD LINCOLN, NE 68521 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.40
-------	--	--	----------------

3.252	Nonpriority creditor's name and mailing address HAMMOND, MEGHAN 2903 N X ROAD HOLDALD, NE 48846 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.44
-------	--	--	----------------

3.253	Nonpriority creditor's name and mailing address HARRELL-FISH INC 2010 VERNAL PIKE PO BOX 1998 BLOOMINGTON, IN 47402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00
-------	--	--	-----------------

3.254	Nonpriority creditor's name and mailing address HARRIS, ALICIA PO BOX 34 CORINNE, UT 84307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.93
-------	---	--	----------------

3.255	Nonpriority creditor's name and mailing address HARRISON, KATIE 3102 SIMPSON ROAD FORT GRATIOT, MI 48059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EMPLOYEE TRAVEL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.18
-------	---	---	----------------

Debtor	Name	Case number (if known)	17-30112
3.256	Nonpriority creditor's name and mailing address HARVEST HEATING & AIR CONDITIONING PO BOX 214 AMES, IA 50010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC PM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$188.50
3.257	Nonpriority creditor's name and mailing address HASBROUCK, HOLL PO BOX 1986 SAPAULA, OK 74647 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.10
3.258	Nonpriority creditor's name and mailing address HAYS, CITY OF PO BOX 490 HAYS, KS 67601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.78
3.259	Nonpriority creditor's name and mailing address HEART & HIPS 2424 E. 26TH STREET VERNON, CA 90058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,602.60
3.260	Nonpriority creditor's name and mailing address HEARTLAND ACQUISITION LLC ATTN: NETWORK SERVIES ONE HEARTLAND WAY JEFFERSONVILLE, IN 47130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CREDIT CARD PROCESSING FEE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.261	Nonpriority creditor's name and mailing address HEAVILIN, LISA 608 E CEDAR LEROY, IL 61752 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
3.262	Nonpriority creditor's name and mailing address HERMELBRACHT, S 826 N STREET DAVID CITY, NE 68632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.70

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.263	Nonpriority creditor's name and mailing address HICKMAN, SHERRI 2709N BOISE, ID 83706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.10
-------	--	--	----------------

3.264	Nonpriority creditor's name and mailing address HICKORY TECH PO BOX 3188 MILWAUKEE, WI 53201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TELECOMMUNICATIONS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.02
-------	---	--	----------------

3.265	Nonpriority creditor's name and mailing address HINDMAN/PERSON HEATING & AIR CONDITION 637 WEST 2ND STREET OTTUMWA, IA 52501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V244 HVAC Preventative Mtce</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.95
-------	---	---	----------------

3.266	Nonpriority creditor's name and mailing address HOGAN, JESSICA 2555 DUPORTAIL 1172 RICHLAND, WA 99352 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.10
-------	--	--	----------------

3.267	Nonpriority creditor's name and mailing address HOME HEATING-PLUMBING AIR CONDITIONING INC. PO BOX 9587 FARGO, ND 58106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,904.50
-------	--	--	-------------------

3.268	Nonpriority creditor's name and mailing address HORTON ELECTRIC SERVICE 3002 E DIVISION, SUITE C SPRINGFIELD, MO 65802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$208.47
-------	---	--	-----------------

3.269	Nonpriority creditor's name and mailing address HOVLAND'S INC P.O. BOX 226 EAU CLAIRE, WI 54702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.87
-------	--	--	-----------------

Debtor Name	Case number (if known)	17-30112
3.270 Nonpriority creditor's name and mailing address HOWIE'S TRASH SERVICE 625 S 10TH ST MANHATTAN, KS 66502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WASTE SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.96
3.271 Nonpriority creditor's name and mailing address HULLINGER GLASS & LOCKS 14 W. 18TH ST SCOTTSBLUFF, NE 69361 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOCKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.42
3.272 Nonpriority creditor's name and mailing address HYFVE 1015 S. CROCKER ST. #Q-28 LOS ANGELES, CA 90021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,088.99
3.273 Nonpriority creditor's name and mailing address ICON EYEWEAR 5 EMPIRE BLVD SOUTH HACKENSACK, NJ 07606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85,334.66
3.274 Nonpriority creditor's name and mailing address IDAHO FALLS, CITY OF UTILITY DIVISION PO BOX 50220 IDAHO FALLS, ID 83405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$376.77
3.275 Nonpriority creditor's name and mailing address IDAHO POWER CORPORATION PROCESSING CENTER PO BOX 34966 SEATTLE, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$849.82
3.276 Nonpriority creditor's name and mailing address IKEDDI 1407 BROADWAY 29TH FLOOR NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,563.24

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.277	Nonpriority creditor's name and mailing address INDIANA AMERICAN WATER PO BOX 3027 MILWAUKEE, WI 53201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.22
-------	---	---	----------------

3.278	Nonpriority creditor's name and mailing address INDIANA MICHIGAN POWER PO BOX 24407 CANTON, OH 44701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,058.04
-------	---	---	-------------------

3.279	Nonpriority creditor's name and mailing address INTEGRATED FACILITY SOLUTIONS 841 HOLT ROAD WEBSTER, NY 14580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$537.30
-------	--	--	-----------------

3.280	Nonpriority creditor's name and mailing address INTERMOUNTAIN GAS CO. P.O. BOX 64 BOISE, ID 83732 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.18
-------	--	---	-----------------

3.281	Nonpriority creditor's name and mailing address IT'S OUR TIME FASHION AVE. KNITS INC. 525 7TH AVE. 4TH FLOOR NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,992.00
-------	--	---	--------------------

3.282	Nonpriority creditor's name and mailing address J-N-T SECURITY SERVICES PO BOX 147 MINOT, ND 58702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SECURITY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.50
-------	---	--	----------------

3.283	Nonpriority creditor's name and mailing address J.F. AHERN CO. ACCOUNTS RECEIVABLE PO BOX 1316 FOND DU LAC, WI 54936 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$258.50
-------	---	--	-----------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.284	Nonpriority creditor's name and mailing address JADE MARKETING GROUP, LLC 65 MEMORIAL ROAD SUITE 320 WEST HARTFORD, CT 06107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,426.20
-------	---	--	--------------------

3.285	Nonpriority creditor's name and mailing address JAMES KELLY'S HOME IMPROVEMENTS 1545 LEMONETREE DR CINCINNATI, OH 45240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$729.74
-------	--	---	-----------------

3.286	Nonpriority creditor's name and mailing address JANESVILLE WATER & WASTE 18 N JACKSON ST PO BOX 5005 JANESVILLE, WI 53547 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93.72
-------	--	--	----------------

3.287	Nonpriority creditor's name and mailing address JAQUEZ, ESPERAN 915 E. 24TH ST. LN GREELEY, CO 80631 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.89
-------	---	---	----------------

3.288	Nonpriority creditor's name and mailing address JB'S HANDYMAN SERVICE 1684 S COACHLIGHT NEW BERLIN, WI 53151 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.88
-------	---	---	----------------

3.289	Nonpriority creditor's name and mailing address JC SECURITY LLC 2904 N MORRISON STREET APPLETON, WI 54911 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOCKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.90
-------	--	--	-----------------

3.290	Nonpriority creditor's name and mailing address JDS MECHANICAL, INC 870 OAK PLAINS ROAD CLARKSVILLE, TN 37043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$142.50
-------	--	---	-----------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.291	Nonpriority creditor's name and mailing address JENINGS, DOUG 348 9TH AVE N FORT DODGE, IA 50501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
-------	---	--	----------------

3.292	Nonpriority creditor's name and mailing address Jenna Barton 15629 Norway Avenue Cleveland, OH 44111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Ohio Bureau of Workers' Compensation Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,000.00
-------	---	--	--------------------

3.293	Nonpriority creditor's name and mailing address JENSEN'S HANDYMAN & REMODELING 618 HOWELL ST MISSOULA, MT 59802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$236.73
-------	--	--	-----------------

3.294	Nonpriority creditor's name and mailing address JETTER CLEAN, INC. PO BOX 5775 ROCHESTER, MN 55903 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
-------	---	--	-----------------

3.295	Nonpriority creditor's name and mailing address JIANGSU GTIG ESEN CO., LTD 22 FLOOR GUOTAI TIMES PLZ BLDG A NO 65 RENMIN RD ZHANGJIAGANG CITY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,591.00
-------	--	---	--------------------

3.296	Nonpriority creditor's name and mailing address JIANGSU GUOTAI HUASHENG INDUSTRIAL CO., EAST OF 8TH FLOOR, SUOTAI NEW CENTURY PL NO 125 MIDDLE RNMIN ROAD ZHANGJIAGANG CITY JIANGSU, CHINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95,044.10
-------	---	---	--------------------

3.297	Nonpriority creditor's name and mailing address JIANGSU GUOTAI INT'L 16F/A, GUOTAI TIMES PLAZA NO 65 RENMIN ROAD ZHANGHIAGANG, JIANGSU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59,065.00
-------	---	---	--------------------

Debtor Name	Case number (if known)	17-30112
3.298 Nonpriority creditor's name and mailing address JIANGSU SAINTY GLORIOUS 5TH FLOOR, BUILDING #A #21 SOFTWARE AVE, YUHUA DISTRICT NANJING, CHINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89,992.20
3.299 Nonpriority creditor's name and mailing address JOC INTERNATIONAL LTD ROOM 209 8 SOUTH LIYUAN ROAD JANGNING DISTRICT NANJING, CHINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.300 Nonpriority creditor's name and mailing address JODI KRISTOPHER, LLC 5910 CORVETTE STREET COMMERCE, CA 90040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,441.97
3.301 Nonpriority creditor's name and mailing address JOE BENBASSET 213 W. 35TH ST. NEW YORK, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,204.97
3.302 Nonpriority creditor's name and mailing address JOHN'S GREAT AMERICAN WINDOW CLEANING CO. PO BOX 155 WHITELAND, IN 46184 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.00
3.303 Nonpriority creditor's name and mailing address JOHN'S HEATING & A/C 1423 COLLEGE WAY FERGUS FALLS, MN 56537 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$211.00
3.304 Nonpriority creditor's name and mailing address JOHNSON CITY POWER BOARD PO BOX 2058 JOHNSON CITY, TN 37605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$589.51

Debtor Name	Case number (if known)	17-30112
Vanity Shop of Grand Forks, Inc. 3.305 Nonpriority creditor's name and mailing address JOHNSON CITY UTILITY SYSTEM PO BOX 2386 JOHNSON CITY, TN 37605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.73
3.306 Nonpriority creditor's name and mailing address JOHNSON, ELIZABETH 308 NICHOLS ST APT 1 UTICA, NY 13501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE TRAVEL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.70
3.307 Nonpriority creditor's name and mailing address JOHNSON, MICHELLE 15043 S LOOKOUT RODGE DR HERRIMAN, UT 84096 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE TRAVEL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.29
3.308 Nonpriority creditor's name and mailing address JOUJOU/BBC APPAREL SUITE 507 1407 BROADWAY NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MERCHANDISE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63,869.33
3.309 Nonpriority creditor's name and mailing address JUST JULEZ INC. 95 SOCKANOSSET CROSS ROAD STE 205 CRANSTON, RI 02920 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MERCHANDISE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,367.24
3.310 Nonpriority creditor's name and mailing address JUST ONE 1450 BROADWAY, 21ST FLOOR NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MERCHANDISE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,556.60
3.311 Nonpriority creditor's name and mailing address K.C. ELECTRIC SUPPLY 4300 S. VANBUREN ENID, OK 73703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$260.91

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.312	Nonpriority creditor's name and mailing address KALINS INDOOR COMFORT INC P.O. BOX 3407 SIOUX CITY, IA 51101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$246.23
-------	---	--	-----------------

3.313	Nonpriority creditor's name and mailing address KANNDI PROFESSIONAL SERVICES 950 MAIN STREET DUBUQUE, IA 52001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.70
-------	---	--	-----------------

3.314	Nonpriority creditor's name and mailing address KARNDEAN DESIGNFLOORING BUSHY RUN CORPORATE PARK 1100 PONTIAC COURT EXPORT, PA 15632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FLOORING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,293.42
-------	---	--	--------------------

3.315	Nonpriority creditor's name and mailing address KASH APPAREL LLC 1929 HOOPER AVE. LOS ANGELES, CA 90011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109,814.88
-------	--	---	---------------------

3.316	Nonpriority creditor's name and mailing address KAUS, SHAYLINN 904 KEARNEY - APT B MANHATTAN, KS 66502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.28
-------	---	--	----------------

3.317	Nonpriority creditor's name and mailing address KCP&L PO BOX 219703 KANSAS CITY, MO 64121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$374.59
-------	--	---	-----------------

3.318	Nonpriority creditor's name and mailing address KEARNEY, CITY OF UTILITIES DEPARTMENT P.O. BOX 1180 KEARNEY, NE 68848 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$341.80
-------	--	---	-----------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.319	Nonpriority creditor's name and mailing address KEFGLEY, LINDA 21256 MOON LIGHT PELICAN RAPIDS, MN 56572 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.43
-------	---	--	----------------

3.320	Nonpriority creditor's name and mailing address KENNEWICK, CITY OF PO BOX 6108 KENNEWICK, WA 99336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134.81
-------	---	---	-----------------

3.321	Nonpriority creditor's name and mailing address KEVIN'S UNLIMITED SERVICE COMPANY PO BOX 93 DEWEYVILLE, TX 77614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.25
-------	---	--	----------------

3.322	Nonpriority creditor's name and mailing address KIMBRO MECHANICAL 1877 AIR LANE DR NASHVILLE, TN 37210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.50
-------	---	--	-----------------

3.323	Nonpriority creditor's name and mailing address KINNEY, BRANDY 16010 N. TAMARACK CT NINE MILE FALLS, WA 99026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.30
-------	--	--	----------------

3.324	Nonpriority creditor's name and mailing address KLUCK, HEATHER R10066 COUNTY ROAD J SCHOFIELD, WI 54476 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.66
-------	--	--	----------------

3.325	Nonpriority creditor's name and mailing address KRUCKENBERG, LI 8547 N US HWY 14 EVANSVILLE, WI 53536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.09
-------	--	--	----------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.326	Nonpriority creditor's name and mailing address KUCERA PLUMBING, HEATING COOLING, & SHEET METAL LLC 4150 CENTRAL AVE SHADYSIDE, OH 43947 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V100 HVAC Preventative Mtce</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.33
<hr/>			
3.327	Nonpriority creditor's name and mailing address KUCHOLICK, KAIS 8700 STATE ROAD 43 BATTLEGROUNDS, IN 47920 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.49
<hr/>			
3.328	Nonpriority creditor's name and mailing address KW ELECTRIC INC PO BOX 967 CEDAR FALLS, IA 50613 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$979.19
<hr/>			
3.329	Nonpriority creditor's name and mailing address KYLE SANDY 932 CARLOS DR. LINCOLN, NE 68505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.00
<hr/>			
3.330	Nonpriority creditor's name and mailing address LARRY'S WINDOW SERVICE PO BOX 1471 DES MOINES, IA 50305 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.98
<hr/>			
3.331	Nonpriority creditor's name and mailing address LARSEN PROPERTY SERVICES 7248 BEAVER DAM RD CROMWELL, KY 42333 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$358.02
<hr/>			
3.332	Nonpriority creditor's name and mailing address LARSEN, TIFFANY 53525 845 RD. TILDEN, NE 68781 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.85

Debtor Name	Case number (if known)	17-30112
Vanity Shop of Grand Forks, Inc. 3.333 Nonpriority creditor's name and mailing address LASHES 6500 AVALON BLVD. LOS ANGELES, CA 90003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MERCHANDISE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,882.33
3.334 Nonpriority creditor's name and mailing address LEPIC, RON PO BOX 2460 ST. CLAIRSVILLE, OH 43950 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WINDOW WASHING Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.335 Nonpriority creditor's name and mailing address LEVECK LIGHTING PRODUCTS AND MAINTENANCE PO BOX 24063 DAYTON, OH 45424 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SUPPLIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,259.75
3.336 Nonpriority creditor's name and mailing address LIMEBLUE 1109 S BOYLE AVE LOS ANGELES, CA 90023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MERCHANDISE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,378.27
3.337 Nonpriority creditor's name and mailing address LINCOLN ELECTRIC SYSTEM PO BOX 2986 OMAHA, NE 68103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$470.68
3.338 Nonpriority creditor's name and mailing address LINDSAY CRYSTAL PURE WATER, INC 107 14TH ST NORTH MOORHEAD, MN 56560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WATER COOLER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.20
3.339 Nonpriority creditor's name and mailing address LITERATI INFORMATION TECHNOLOGY 827 FAIRMONT RD, STE 107 MORGANTOWN, WV 26501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148.40

Debtor	Name	Case number (if known)	17-30112
3.340	Nonpriority creditor's name and mailing address LLOYD'S WINDOW WASHING 4705 N GENOA STREET OTIS ORCHARDS, WA 99027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.00
3.341	Nonpriority creditor's name and mailing address LOGAN, CITY OF 290 NORTH 100 WEST PO BOX 328 LOGAN, UT 84323 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$281.48
3.342	Nonpriority creditor's name and mailing address LOVE BY DESIGN BY DESIGN L.L.C. 1441 BROADWAY, 4TH FLOOR NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$176.40
3.343	Nonpriority creditor's name and mailing address LOZIER CORPORATION PO BOX 3577 OMAHA, NE 68103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>STORE FIXTURES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,708.34
3.344	Nonpriority creditor's name and mailing address LUCKINBILL, INC. PO BOX 186 ENID, OK 73702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.00
3.345	Nonpriority creditor's name and mailing address LUX ACCESSORIES LTD 358 5TH AVENUE 5TH FLOOR NEW YORK, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,997.95
3.346	Nonpriority creditor's name and mailing address MADISON GAS AND ELECTRIC P.O. BOX 1231 MADISON, WI 53701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$421.46

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.347	Nonpriority creditor's name and mailing address MAGNETIC MEDIA ONLINE PO BOX 347944 PITTSBURGH, PA 15251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MARKETING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,608.44
-------	---	---	--------------------

3.348	Nonpriority creditor's name and mailing address MAGPIE, DARALA 122 S LOCUST ST GRAND ISLAND, NE 68803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.49
-------	--	--	----------------

3.349	Nonpriority creditor's name and mailing address MAJCO APPAREL INC. 1200 JULES POITRAS, #100 ST. LAURENT, QC H4N 1X7, CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,844.78
-------	--	---	--------------------

3.350	Nonpriority creditor's name and mailing address MALBRIT MECHANICAL INC PO BOX 427 WAUSAU, WI 54402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC PM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
-------	---	---	----------------

3.351	Nonpriority creditor's name and mailing address Mallory Alexander International Logistic 777 Sunrise Highway, Suite 301 Lynbrook, NY 11563 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customs Broker/Freight Forwarder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138,262.49
-------	---	--	---------------------

3.352	Nonpriority creditor's name and mailing address MANHATTAN TOWN CENTER 100 MANHATTAN TOWN CNTR MANHATTAN, KS 66502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
-------	--	--	-----------------

3.353	Nonpriority creditor's name and mailing address Maran 1400 Broadway 28th Fl New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	---	---------------

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

3.354	Nonpriority creditor's name and mailing address MARC BRICK INC PO BOX 791013 BALTIMORE, MD 21279 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$257.80
-------	---	---	-----------------

3.355	Nonpriority creditor's name and mailing address MARSON, LARRY 558 WEST 800 SOUTH PRESTON, ID 83263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.53
-------	---	---	----------------

3.356	Nonpriority creditor's name and mailing address MASTER ELECTRIC, INC PO BOX 8976 FORT WAYNE, IN 46898 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$232.00
-------	--	---	-----------------

3.357	Nonpriority creditor's name and mailing address MATHISON'S PO BOX 333 FARGO, ND 58107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$334.71
-------	--	---	-----------------

3.358	Nonpriority creditor's name and mailing address MAXSENT 137 MITCHELLS CHANCE ROAD SUITE 280 EDGEWATER, MD 21037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SECURITY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$183.03
-------	--	---	-----------------

3.359	Nonpriority creditor's name and mailing address MAXWELL, KENDAL 11470 ORCHARDVIEW DR FENTON, MI 48430 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.15
-------	--	---	----------------

3.360	Nonpriority creditor's name and mailing address MC ELECTRIC, INC. 7648 LL RD RED BUD, IL 62278 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$391.65
-------	---	---	-----------------

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

3.361	Nonpriority creditor's name and mailing address MCCLURE, DANIELLE 335 GLENN HILL DRIVE ALEXANDER, AR 72002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EMPLOYEE TRAVEL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.04
-------	---	--	----------------

3.362	Nonpriority creditor's name and mailing address MCCLURE, WHITNEY 7331 S. UTICA AVE APT 1112 Tulsa, OK 74107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.13
-------	--	---	---------------

3.363	Nonpriority creditor's name and mailing address MCKEGUE, CORRIN 2578 SKYWOOD EAGLE, ID 83616 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
-------	---	---	----------------

3.364	Nonpriority creditor's name and mailing address MEISTER ELECTRIC INC 711 S KICKAPOO CREEK ROAD PEORIA, IL 61604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.00
-------	--	---	----------------

3.365	Nonpriority creditor's name and mailing address MENA, ROSEMARY 973 S SWEET WATER DR PUEBLO, CO 81007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.38
-------	---	---	----------------

3.366	Nonpriority creditor's name and mailing address METRO WASTE SERVICES CO 29131 MICHIGAN AVE P.O. BOX 498 INKSTER, MI 48141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WASTE SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.57
-------	--	---	----------------

3.367	Nonpriority creditor's name and mailing address METZ, SHARI 217 SOURIS DRIVE MINOT, ND 58701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.91
-------	---	---	----------------

Debtor Name	Case number (if known)	17-30112
Vanity Shop of Grand Forks, Inc. 3.368 Nonpriority creditor's name and mailing address MID-AMERICA ASSET MGMT ONE PARKVIEW PLAZA 9TH FLR-WAUSAU CNTR CMBS OAKBROOK TERRACE, IL 60181 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$245.14
3.369 Nonpriority creditor's name and mailing address MID-NEBRASKA DISPOSAL PO BOX 1089 GRAND ISLAND, NE 68802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.90
3.370 Nonpriority creditor's name and mailing address MIDAMERICAN ENERGY PO BOX 8020 DAVENPORT, IA 52808 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$809.74
3.371 Nonpriority creditor's name and mailing address MIDNITE EXPRESS, INC. 448 7TH ST NW PO BOX 695 WEST FARGO, ND 58078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Inbound Freight</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,288.85
3.372 Nonpriority creditor's name and mailing address MIDWEST ENERGY, INC. PO BOX 898 HAYS, KS 67601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$822.27
3.373 Nonpriority creditor's name and mailing address MIKE'S LOCK & KEY SERVICE PO BOX 5276 COLORADO SPRINGS, CO 80931 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOCKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124.00
3.374 Nonpriority creditor's name and mailing address MILLER WINDOW SERVICE 1109 COLUMBINE DR CEDAR FALLS, IA 50613 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.27

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.375	Nonpriority creditor's name and mailing address MILLER, JUSTIN 1507 36 1/2 AVE. S. FARGO, ND 58104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>ARCHITECTURAL SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,400.00
-------	---	---	-------------------

3.376	Nonpriority creditor's name and mailing address MILLMAR MUNICIPAL UTIL. P.O. BOX 937 WILLMAR, MN 56201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$343.42
-------	---	--	-----------------

3.377	Nonpriority creditor's name and mailing address MINNESOTA ENERGY RESOURCES PO BOX 3140 MILWAUKEE, WI 53201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$506.58
-------	---	--	-----------------

3.378	Nonpriority creditor's name and mailing address MINNKOTA PO BOX 1864 FARGO, ND 58107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WASTE SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$209.87
-------	---	---	-----------------

3.379	Nonpriority creditor's name and mailing address MOENKEDICK, HERMAN H. 44075 E LITTLE MCDONALD DR PERHAM, MN 56573 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.16
-------	--	---	----------------

3.380	Nonpriority creditor's name and mailing address MON POWER PO BOX 3615 AKRON, OH 44309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,219.50
-------	--	--	-------------------

3.381	Nonpriority creditor's name and mailing address MONTANA-DAKOTA UTILITIES P.O. BOX 5600 BISMARCK, ND 58506 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,411.65
-------	--	--	-------------------

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

3.382	Nonpriority creditor's name and mailing address MONTGOMERY COUNTY ENVIROMENTAL SERVICES PO BOX 742598 CINCINNATI, OH 45274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.19
-------	---	---	----------------

3.383	Nonpriority creditor's name and mailing address MOOD MEDIA NORTH AMERICA PO BOX 602782 CHARLOTTE, NC 28260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MUSIC SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,690.92
-------	---	--	-------------------

3.384	Nonpriority creditor's name and mailing address MOSGROVE, KATIE 3762 BRET DR CLARKSVILLE, TN 37040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.79
-------	---	--	----------------

3.385	Nonpriority creditor's name and mailing address MOTIVE ENTERPRISE INC. 1201 MATEO STREET LOS ANGELES, CA 90021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,917.78
-------	---	---	--------------------

3.386	Nonpriority creditor's name and mailing address MOUNT'S LOCK & KEY INC 415 W 1ST AVE KENNEWICK, WA 99336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOCKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
-------	---	---	----------------

3.387	Nonpriority creditor's name and mailing address MR. HANDYMAN 2175 W GLADE CREEK ST MERIDIAN, ID 83646 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$324.00
-------	--	--	-----------------

3.388	Nonpriority creditor's name and mailing address MR. SQUEEGEE PO BOX 49 BISMARCK, ND 58502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.00
-------	--	--	----------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.389	Nonpriority creditor's name and mailing address MULLINS, LACY PO BOX 54 MORAVIA, IA 52571 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.15
-------	--	---	----------------

3.390	Nonpriority creditor's name and mailing address MUNCIE SANITARY DISTRICT PO BOX 2605 FORT WAYNE, IN 46801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.38
-------	--	--	----------------

3.391	Nonpriority creditor's name and mailing address MUNICIPAL LIGHT AND WATER PO BOX 490 NORTH PLATTE, NE 69103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169.89
-------	--	--	-----------------

3.392	Nonpriority creditor's name and mailing address MURFREESBORO ELECTRIC Department PO BOX 9 MURFREESBORO, TN 37133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$492.43
-------	---	--	-----------------

3.393	Nonpriority creditor's name and mailing address MURPHY, AMANDA 93 AUDUBON DR COLORADO SPRINGS, CO 80915 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.04
-------	--	---	----------------

3.394	Nonpriority creditor's name and mailing address MUTH ELECTRIC INC PO BOX 1400 MITCHELL, SD 57301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,252.69
-------	---	---	-------------------

3.395	Nonpriority creditor's name and mailing address My Michelle PO Box 784312 Philadelphia, PA 19178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

3.396	Nonpriority creditor's name and mailing address MYERS, KARI 7882 ROAD 48 PAYNE, OH 45880 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.49
3.397	Nonpriority creditor's name and mailing address NATIONAL SECURITY CONSULTANT PO BOX 932412 CLEVELAND, OH 44193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SECURITY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.81
3.398	Nonpriority creditor's name and mailing address NAYLOR HEATING & REFRIGERATION 172 SPIRIT AVE NW BEMIDJI, MN 56601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC PM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.44
3.399	Nonpriority creditor's name and mailing address NEBRASKA PUBLIC POWER DISTRICT PO BOX 2860 OMAHA, NE 68103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,166.87
3.400	Nonpriority creditor's name and mailing address NEBRASKA SAFETY AND FIRE EQUIPMENT, INC. PO BOX 1229 NORTH PLATTE, NE 69103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FIRE EXTINGUISHER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.10
3.401	Nonpriority creditor's name and mailing address NEIGHBORHOOD SERVICES 1402 BROADWAY FARGO, ND 58102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.402	Nonpriority creditor's name and mailing address NELSON ELECTRIC PO BOX 1528 RACINE, WI 53401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,803.82

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.403	Nonpriority creditor's name and mailing address NELSON, HOLLY 26138 SIEVERS DR RUSHFORD, MN 55971 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.40
<hr/>			
3.404	Nonpriority creditor's name and mailing address NELSON, JUANITA 4964 BRANT ROAD COLORADO SPRINGS, CO 80911 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EMPLOYEE TRAVEL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.28
<hr/>			
3.405	Nonpriority creditor's name and mailing address NELSON, SHEENA W 1081 CITY ROAD J PRINCETON, WI 54968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.08
<hr/>			
3.406	Nonpriority creditor's name and mailing address NEMONT PO BOX 600 SCOBAY, MT 59263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PHONE SERVICE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.29
<hr/>			
3.407	Nonpriority creditor's name and mailing address NEUHAUS, STEPHA 907 WOLVERTON DR FORT WAYNE, IN 46825 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.08
<hr/>			
3.408	Nonpriority creditor's name and mailing address NGUYEN, CASSAND 385 MAIN STREET SACRAMENTO, KY 42372 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.78
<hr/>			
3.409	Nonpriority creditor's name and mailing address NINGBO SEDUNO IMP&EXP CO LTD 97# WUJIA ROAD SEDUNO BUILDING HENGTON P HAISHU DISTRICT NINGBO, CHINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134,076.90

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

3.410	Nonpriority creditor's name and mailing address NO STREAKING 1105 TORREY PINE LANE SIOUX FALLS, SD 57110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.44
3.411	Nonpriority creditor's name and mailing address NOBLE LOCKSMITH SERVICE 2670 GRACE ROAD FORT GRATIOT, MI 48059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOCKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.00
3.412	Nonpriority creditor's name and mailing address NORTH DAKOTA RECYCLING SERVICES, LLC PO BOX 2328 WILLISTON, ND 58802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.413	Nonpriority creditor's name and mailing address NORTHERN ELECTRIC COOP BOX 457 BATH, SD 57427 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$436.13
3.414	Nonpriority creditor's name and mailing address NORTHERN LAKES WINDOW CLEANING PO BOX 5044 GRAND RAPIDS, MN 55744 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.92
3.415	Nonpriority creditor's name and mailing address NORTHWESTERN ENERGY 11 E. Park St. BUTTE, MT 59707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,680.50
3.416	Nonpriority creditor's name and mailing address NORTHWESTERN OHIO SECURITY SYSTEMS, INC. 121 E HIGH ST LIMA, OH 45801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FIRE EXT. INSPECTION</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.93

Debtor **Vanity Shop of Grand Forks, Inc.**
NameCase number (if known) **17-30112**

3.417	Nonpriority creditor's name and mailing address NORTHWOODS CONSTRUCTION OF THE IRON RANGE, INC 1031 17TH ST N VIRGINIA, MN 55792 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V42 Gate Repair</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$328.00
3.418	Nonpriority creditor's name and mailing address O'DONNELL CORPORATION 661 NORTH LAKEWOOD DR ORLANDO, FL 32803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V213 & V82 Signs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$435.00
3.419	Nonpriority creditor's name and mailing address O'FALLON WATER & SEWER 255 S. LINCOLN AVENUE O'FALLON, IL 62269 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.69
3.420	Nonpriority creditor's name and mailing address OBRIEN, SKYLAR 5206 CANTERBURY LN JANESVILLE, WI 53546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EMPLOYEE TRAVEL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.80
3.421	Nonpriority creditor's name and mailing address OFARRIO, SARAH 180 CLINTON ST. APT 9 AVON, NY 14414 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.18
3.422	Nonpriority creditor's name and mailing address OHIO EDISON PO BOX 3687 AKRON, OH 44309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$944.61
3.423	Nonpriority creditor's name and mailing address OLIVER TRI COUNTY HEATING & AIR, INC 11234 LAKECREST DR WEST BURLINGTON, IA 52655 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V139 HVAC Preventative Mtce</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.50

Debtor Name	Case number (if known)	17-30112
3.424 Nonpriority creditor's name and mailing address OLYMPIC IV MALL SERVICES PO BOX 96383 LAS VEGAS, NV 89193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WASTE SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.25
3.425 Nonpriority creditor's name and mailing address OLYMPIC MALL SERVICES PO BOX 800336 HOUSTON, TX 77280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WASTE SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111.38
3.426 Nonpriority creditor's name and mailing address ONE STEP UP 1412 BROADWAY 3RD FLOOR NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,822.32
3.427 Nonpriority creditor's name and mailing address ONEIDA REALTY COMPANY 1605 ALWORTH BUILDING 306 WEST SUPERIOR STREET DULUTH, MN 05802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.84
3.428 Nonpriority creditor's name and mailing address ORDERMOTION ORACLE AMERICA INC 500 ORACLE PARKWAY Redwood City, CA 94065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WEB SOFTWARE SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,811.14
3.429 Nonpriority creditor's name and mailing address ORION FASHIONS INC. 48 WEST 38TH STREET 11TH FLOOR NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,375.99
3.430 Nonpriority creditor's name and mailing address ORKIN 675 BLUE ROCK CT WINSTON SALEM, NC 27103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PEST CONTROL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00

Debtor	Name	Case number (if known)	17-30112
3.431	Nonpriority creditor's name and mailing address ORKIN PEST CONTROL PO BOX 2351 DAVENPORT, IA 52809 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PEST CONTROL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.00
3.432	Nonpriority creditor's name and mailing address ORKIN, INC 5425 COLLEGE ST BEAUMONT, TX 77707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PEST CONTROL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.97
3.433	Nonpriority creditor's name and mailing address ORKIN, INC. 3417 BAER BLVD SPRINGFIELD, IL 62711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PEST CONTROL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.58
3.434	Nonpriority creditor's name and mailing address ORKIN, INC. 9100 S COUNTY ROAD 800 W DALEVILLE, IN 47334 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PEST CONTROL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.00
3.435	Nonpriority creditor's name and mailing address OSTEEN & LEMMONS ELECTRICAL & MECHANICAL PO BOX 1126 FLETCHER, NC 28732 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC PM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$201.20
3.436	Nonpriority creditor's name and mailing address OTTER TAIL POWER COMPANY PO BOX 2002 FERGUS FALLS, MN 56538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,065.86
3.437	Nonpriority creditor's name and mailing address OVERHEAD DOOR COMPANY OF WEBSTER COUNTY 6 NORTH 21ST ST FORT DODGE, IA 50501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,049.00

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.438	Nonpriority creditor's name and mailing address PALEN/KIMBALL LLC MI-98 PO BOX 1414 MINNEAPOLIS, MN 55480 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,218.00
-------	--	--	-------------------

3.439	Nonpriority creditor's name and mailing address PAN OCEANIC EYEWEAR LTD 6TH FLOOR 15 WEST 37TH ST NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,629.59
-------	---	---	-------------------

3.440	Nonpriority creditor's name and mailing address PARKER, AARON 1410 W 1ST GRAND ISLAND, NE 68801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$172.38
-------	--	--	-----------------

3.441	Nonpriority creditor's name and mailing address PATTERSON,KAYCI 14560 N. PENN APT. 109 OKLAHOMA CITY, OK 73134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.18
-------	---	--	---------------

3.442	Nonpriority creditor's name and mailing address PEDERSON SANITATION CORP PO BOX 1001 FORT DODGE, IA 50501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.50
-------	--	---	----------------

3.443	Nonpriority creditor's name and mailing address PELLITTERI WASTE SYSTEMS PO BOX 259426 MADISON, WI 53725 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.54
-------	---	---	----------------

3.444	Nonpriority creditor's name and mailing address PEOPLEREADY INC 1002 SOLUTIONS CENTER CHICAGO, IL 60677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TEMP HELP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$552.61
-------	--	---	-----------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.445	Nonpriority creditor's name and mailing address PEPPERJAM 7 SOUTH MAIN STREET, FLOOR 3 Wilkes Barre, PA 18701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MARKETING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,487.31
-------	--	---	-------------------

3.446	Nonpriority creditor's name and mailing address PEREZ, ALEXIS 105 BELAIRE ST SAN ANGELO, TX 76905 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.51
-------	--	--	----------------

3.447	Nonpriority creditor's name and mailing address PEREZ, DESIREE 1115 S. 12TH ST. ROCKYFORD, CO 81067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.43
-------	--	--	----------------

3.448	Nonpriority creditor's name and mailing address PESTBUSTERS, INC 2701 SOUTH LEMON STREET SIOUX CITY, IA 51106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PEST CONTROL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.15
-------	--	--	----------------

3.449	Nonpriority creditor's name and mailing address PETERS HEATING AND AIR CONDITIONING INC 4520 BROADWAY QUINCY, IL 62305 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC PM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00
-------	---	---	-----------------

3.450	Nonpriority creditor's name and mailing address PFAFF, JESSI 138 SOUTH WEBSTER ST OTTUMWA, IA 52501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.54
-------	--	--	----------------

3.451	Nonpriority creditor's name and mailing address PIONEER SEWER & DRAIN 11485 KONA RANCH RD MISSOULA, MT 59804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V126 Water Drain Repair</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.00
-------	---	---	-----------------

Debtor Name	Case number (if known)	17-30112
Vanity Shop of Grand Forks, Inc. 3.452 Nonpriority creditor's name and mailing address PITHER PLUMBING 310 W METHVIN LONGVIEW, TX 75601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261.23
3.453 Nonpriority creditor's name and mailing address PLUMBING PERFECTION, INC. PO BOX 171 NEW PLYMOUTH, ID 83655 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$166.26
3.454 Nonpriority creditor's name and mailing address POMEROY IT SOLUTIONS SALES COMPANY, INC. PO BOX 631049 CINCINNATI, OH 45263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: BROADBAND TELECOMMUNICATIONS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,125.66
3.455 Nonpriority creditor's name and mailing address POOF 1407 BROADWAY, SUITE 900 NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MERCHANDISE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,028.44
3.456 Nonpriority creditor's name and mailing address POP-A-LOCK OF TRI CITIES 3119 BRISTOL HWY STE 218 JOHNSON CITY, TN 37601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.94
3.457 Nonpriority creditor's name and mailing address POPULAR BASICS 747 E. 10TH STREET UNIT 111 LOS ANGELES, CA 90021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MERCHANDISE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$574.23
3.458 Nonpriority creditor's name and mailing address PORTER, MICHAEL 9700 HWY 63 EMMETT, KS 66422 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.50

Debtor Name	Case number (if known)	17-30112
Vanity Shop of Grand Forks, Inc. Name 3.459 Nonpriority creditor's name and mailing address POWERS, TRACY 2211 ACE VISTA DR MISSOULA, MT 59803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.98
3.460 Nonpriority creditor's name and mailing address PRECISE FILTER SERVICE PO BOX 193 FOUNTAIN TOWN, IN 46130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: HVAC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.68
3.461 Nonpriority creditor's name and mailing address PRECISION GLASS LLC 5405 ILLINOIS ROAD FORT WAYNE, IN 46804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: V108 Window Repair Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00
3.462 Nonpriority creditor's name and mailing address PRECISION LOCKSMITHING 117 N. MAIN ST FOND DU LAC, WI 54935 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.72
3.463 Nonpriority creditor's name and mailing address PREFERENCE EMPLOYMENT SOLUTIONS, INC. 2600 9TH AVE S FARGO, ND 58103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TEMP HELP Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,845.16
3.464 Nonpriority creditor's name and mailing address PREMIER MECHANICAL SERVICE, INC. 912 S METCALF ST LIMA, OH 45804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: HVAC PM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$276.00
3.465 Nonpriority creditor's name and mailing address PRESTO-X P.O. BOX 14087 READING, PA 19612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PEST CONTROL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.43

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.466	Nonpriority creditor's name and mailing address PROFESSIONAL FIRE EQUIPMENT COMPANY PO BOX 96 HAYS, KS 67601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FIRE EXT. INSPECTION</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.93
-------	---	---	----------------

3.467	Nonpriority creditor's name and mailing address PROJECT 28 CLOTHING 525 7TH AVE, SUITE 1200 NEW YORK, NY 10018 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,896.00
-------	---	--	-------------------

3.468	Nonpriority creditor's name and mailing address PROSHIELD FIRE & SECURITY 1118 LAPORTE ROAD WATERLOO, IA 50702 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FIRE EXT. INSPECTION</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$203.73
-------	---	---	-----------------

3.469	Nonpriority creditor's name and mailing address PUBLIC UTILITY COMMISSION G.R.P.U.C. P.O. BOX 658 GRAND RAPIDS, MN 55744 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$435.30
-------	---	--	-----------------

3.470	Nonpriority creditor's name and mailing address QUESTAR GAS COMPANY PO BOX 45841 SALT LAKE CITY, UT 84139 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V88 Gas 1/17</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.16
-------	--	---	----------------

3.471	Nonpriority creditor's name and mailing address QUINN, JUDY 219 MAHAN DR PARIS, IL 61944 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EMPLOYEE TRAVEL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.82
-------	---	--	-----------------

3.472	Nonpriority creditor's name and mailing address R & R WINDOW WASHING SERVICE PO BOX 341 DUBUQUE, IA 52004 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.50
-------	--	---	----------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.473	Nonpriority creditor's name and mailing address R/S ELECTRIC CONSTRUCTION P.O. BOX 842708 NORTH KANSAS CITY, MO 64184 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,099.67
3.474	Nonpriority creditor's name and mailing address RALPH'S ELECTRIC, INC 2112 CANTERBURY ROAD HAYS, KS 67601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.32
3.475	Nonpriority creditor's name and mailing address RANDY'S WINDOW CLEANING PO BOX 1001 BELOIT, WI 53512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.476	Nonpriority creditor's name and mailing address RAPID GARAGE DOOR & AWNING 423 NE 5TH AVE GRAND RAPIDS, MN 55744 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V32 Gate Repair</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$309.95
3.477	Nonpriority creditor's name and mailing address RELIABLE PEST SOLUTIONS PO BOX 627 HANNIBAL, MO 63401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PEST CONTROL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.91
3.478	Nonpriority creditor's name and mailing address RGIS PO BOX 77631 DETROIT, MI 48277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PHYSICAL INVENTORY SERVICE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,851.26
3.479	Nonpriority creditor's name and mailing address RHODEN, KATIE 1451 RIDGE ST. POCATELLO, ID 83201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.88

Debtor	Name	Case number (if known)	17-30112
3.480	Nonpriority creditor's name and mailing address RICHARD'S HEATING & COOLING INC 1211 FLIGHTWAY DRVIE DE PERE, WI 54115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC PM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.00
3.481	Nonpriority creditor's name and mailing address RIPKE, JAMMIE 156 PEPPERELL AVE HOUGHTON LAKE, MI 48629 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.55
3.482	Nonpriority creditor's name and mailing address RIVERA, ELSA 2524 LAUREN AVE RACINE, WI 53404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.42
3.483	Nonpriority creditor's name and mailing address ROBARDS PEST CONTROL 130 RINGGOLD RD CLARKSVILLE, TN 37042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PEST CONTROL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.484	Nonpriority creditor's name and mailing address ROBERTS PLUMBING AND HEATING INC 3196 MESA AVE GRAND JUNCTION, CO 81504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.10
3.485	Nonpriority creditor's name and mailing address ROBERTS, DOMINI 3038 PATRICK DR. CO SPRINGS, CO 80916 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.15
3.486	Nonpriority creditor's name and mailing address ROBINSON ELECTRIC DIV OF W.J.R., INC 3025 RED BARN DRIVE GERING, NE 69341 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.00

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.487	Nonpriority creditor's name and mailing address ROCKFORD HEATING & AIR CONDITIONING 1618 MAGNOLIA ST ROCKFORD, IL 61104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.75
-------	--	--	-----------------

3.488	Nonpriority creditor's name and mailing address ROCKY MOUNTAIN POWER PO BOX 26000 PORTLAND, OR 97256 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,409.54
-------	---	---	-------------------

3.489	Nonpriority creditor's name and mailing address ROGALLA, KATIE 6685 LEMON RD BANCROFT, MI 48414 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.62
-------	--	--	----------------

3.490	Nonpriority creditor's name and mailing address ROSS, NIKKI 1312 E. 9TH ST. APT 2W Independence, MO 64052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.56
-------	--	--	----------------

3.491	Nonpriority creditor's name and mailing address ROTH BROS., INC P.O. BOX 3600 CAROL STREAM, IL 60132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.00
-------	---	--	----------------

3.492	Nonpriority creditor's name and mailing address RR DONNELLEY LOGISTICS SERVICES WORLDWIDE INC PO BOX 932721 CLEVELAND, OH 44193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Inbound Freight</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,519.10
-------	--	---	--------------------

3.493	Nonpriority creditor's name and mailing address RUNYON LOCK SERVICE 1129 19TH ST PARKERSBURG, WV 26101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.04
-------	---	--	----------------

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

3.494	Nonpriority creditor's name and mailing address RYDER TRANSPORTATION SERVICES PO BOX 96723 CHICAGO, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>RENTAL TRUCK</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134.12
-------	---	--	-----------------

3.495	Nonpriority creditor's name and mailing address S & S SHAMBAUGH & SON LP PO BOX 1287 FORT WAYNE, IN 46801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$970.00
-------	--	--	-----------------

3.496	Nonpriority creditor's name and mailing address S.V.J. ELECTRIC CO., INC. 1959 NEW GROVE RD SMITHS GROVE, KY 42171 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.70
-------	---	--	-----------------

3.497	Nonpriority creditor's name and mailing address SALES FLOOR LIVE LLC PO BOX 80284 BILLINGS, MT 59108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SOFTWARE SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,760.00
-------	---	---	-------------------

3.498	Nonpriority creditor's name and mailing address SAMMY PHILLIPS ELECTRIC P.O. BOX 24519 WINSTON-SALEM, NC 27114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$154.79
-------	---	--	-----------------

3.499	Nonpriority creditor's name and mailing address SANCHEZ, KELLY 106 9TH ST SOUTH SOUTH ST. PAUL, MN 55076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.00
-------	---	--	----------------

3.500	Nonpriority creditor's name and mailing address SAPP, MELISSA 155 PADDOCK GREEN DRIVE NEW MARTINSVILLE, WV 26155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.64
-------	---	--	----------------

Debtor Name	Case number (if known)	17-30112
Vanity Shop of Grand Forks, Inc. Name 3.501 Nonpriority creditor's name and mailing address SCHROADER, ADDE 118 JANE DR SPARTA, WI 54656 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.61
3.502 Nonpriority creditor's name and mailing address SCHWICKERT'S TECTA AMERICA PO BOX 1179 MANKATO, MN 56002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: V12 HVAC Preventative Mtce Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$302.06
3.503 Nonpriority creditor's name and mailing address SCOTT, JASMINE 836 E 2000 S CLEARFIELD, UT 84015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.29
3.504 Nonpriority creditor's name and mailing address SCOTTSBLUFF, CITY OF ACCOUNT CLERK 2525 CIRCLE DRIVE SCOTTSBLUFF, NE 69361 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: V67 WTR/SWR WST Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$888.47
3.505 Nonpriority creditor's name and mailing address SCR INC 604 LINCOLN AVENUE NE ST. CLOUD, MN 56304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: V27 HVAC Preventative Mtce Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$211.99
3.506 Nonpriority creditor's name and mailing address SEAN'S WINDOW CLEANING PO BOX 8341 ROCHESTER, MN 55903 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WINDOW WASHING Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.65
3.507 Nonpriority creditor's name and mailing address SECOND GENERATION BEBOP CLOTHING 4433 PACIFIC BLVD VERNON, CA 90058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MERCHANDISE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,184.52

Debtor Name	Case number (if known)	17-30112
3.508 Nonpriority creditor's name and mailing address SEEKINS, COURTN 1139 LANTERN SQUARE APT 1 WATERLOO, IA 50701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.10
3.509 Nonpriority creditor's name and mailing address SEMCO ENERGY GAS COMPANY PO BOX 740812 CINCINNATI, OH 45274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.37
3.510 Nonpriority creditor's name and mailing address SERVICE CLEAN MIDTOWN LLC 429 PARRISH HILL MOUNT JULIET, TN 37122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.511 Nonpriority creditor's name and mailing address SERVICE EXPERTS 120 E 40TH ST BOISE, ID 83714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC PM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.00
3.512 Nonpriority creditor's name and mailing address SERVICE SPECIALISTS, INC P.O. BOX 160 SUN PRAIRIE, WI 53590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$301.47
3.513 Nonpriority creditor's name and mailing address SHATILA, HANNA 2721 WILLIAM NEAL PKWY FORT COLLINS, CO 80525 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.39
3.514 Nonpriority creditor's name and mailing address Shavitz Law Group, P.A. 1515 S. Federal Highway, Suite 404 Boca Raton, FL 33432 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Representation of unknown former store managers</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.515	Nonpriority creditor's name and mailing address SHAYLA, WINTEY 412 LINCOLN ST. QUINTER, KS 67752 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.35
-------	---	--	---------------

3.516	Nonpriority creditor's name and mailing address SHEET METAL SPEICALTIES 1220 EAST YELLOWSTONE PO BOX 1243 CASPER, WY 82602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.00
-------	---	--	-----------------

3.517	Nonpriority creditor's name and mailing address SHINE IMPORTS 2455 E. 27TH ST. VERNON, CA 90058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,749.64
-------	--	---	-------------------

3.518	Nonpriority creditor's name and mailing address SHORTPRINTER.COM 3005 MAIN AVE FARGO, ND 58103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.65
-------	---	--	----------------

3.519	Nonpriority creditor's name and mailing address SHREEVE, MEGAN 507 N ARTHUR ST, APT I102 Kennewick, WA 99336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.44
-------	---	--	----------------

3.520	Nonpriority creditor's name and mailing address Signorelli, Inc. 6363 Regent Street Huntington Park, CA 90255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchandise</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,947.43
-------	--	---	-------------------

3.521	Nonpriority creditor's name and mailing address SIMMON, CHEKILA 2104 VANCE LITTLE ROCK, AR 72206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.08
-------	---	--	----------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.522	Nonpriority creditor's name and mailing address SIMPLEXGRINNELL DEPT CH 10320 PALATINE, IL 60055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FIRE EXT. INSPECTION</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.50
-------	---	---	----------------

3.523	Nonpriority creditor's name and mailing address SIMPSON,DEVANNA 4415 KENNEDY ST. RACINE, WI 53404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.03
-------	--	---	----------------

3.524	Nonpriority creditor's name and mailing address SLAGTER, DON 1242 13TH ST SW WILLMAR, MN 56201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$265.00
-------	---	---	-----------------

3.525	Nonpriority creditor's name and mailing address SMITH, ASHLEY 2617 E INMAN ST SPRINGFIELD, MO 65804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EMPLOYEE TRAVEL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$177.66
-------	--	--	-----------------

3.526	Nonpriority creditor's name and mailing address SMITH, KILEIGH 618 GRANT ST PERU, IL 61354 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.00
-------	---	---	---------------

3.527	Nonpriority creditor's name and mailing address SMITHEREEN PEST 7400 N MELVINA AVE NILES, IL 60714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PEST CONTROL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.00
-------	---	---	----------------

3.528	Nonpriority creditor's name and mailing address SNELL SERVICES INC PO BOX 629 NORTH PLATTE, NE 69103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$630.58
-------	---	---	-----------------

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.529	Nonpriority creditor's name and mailing address SODERLUND, JULIE 31332 QUINLAN AVE CENTER CITY, MN 55010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.03
-------	---	--	----------------

3.530	Nonpriority creditor's name and mailing address SONKSEN, ALYSSA 1264 NORTHEY ST. WATERLOO, IA 50703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.08
-------	--	--	----------------

3.531	Nonpriority creditor's name and mailing address SORENSEN, BRITT 339 1ST ST. NE SARTELL, MN 56377 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.61
-------	---	--	----------------

3.532	Nonpriority creditor's name and mailing address SOURCE REFRIGERATION & HVAC, INC. PO BOX 515229 LOS ANGELES, CA 90051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$238.61
-------	--	--	-----------------

3.533	Nonpriority creditor's name and mailing address SOUTHWEST PESTICIDE, INC 605 1/2 N 8TH ST GARDEN CITY, KS 67846 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PEST CONTROL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.36
-------	--	--	----------------

3.534	Nonpriority creditor's name and mailing address SQA & KC INTERNATIONAL, S.A. 48 AVENIDA 7-23 ZONA3 APARTAMENTO A COLONIA EL ROSARIO MIXCO GUATEMALA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117,095.32
-------	--	---	---------------------

3.535	Nonpriority creditor's name and mailing address SRT PO BOX 2027 MINOT, ND 58702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TELECOMMUNICATIONS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.51
-------	--	--	----------------

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

3.536	Nonpriority creditor's name and mailing address ST. CLOUD, CITY OF PO BOX 1501 ST. CLOUD, MN 56302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.55
-------	---	--	----------------

3.537	Nonpriority creditor's name and mailing address STAFF ELECTRIC CO INC PO BOX 917 BUTLER, WI 53007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V48 Sign Lights</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$737.98
-------	--	--	-----------------

3.538	Nonpriority creditor's name and mailing address STANKEVITZ, KRIS 420 W. FORUM APT. 210 MADISON, WI 53703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.38
-------	---	---	---------------

3.539	Nonpriority creditor's name and mailing address STANLEY, LINDA 1401 W. 13TH ST. MUNCIE, IN 47302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.73
-------	---	---	----------------

3.540	Nonpriority creditor's name and mailing address STAR OF INDIA PO BOX 28330 TEMPE, AZ 85285 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,611.88
-------	---	--	-------------------

3.541	Nonpriority creditor's name and mailing address State of California Department of Industrial Relations Labor Commissioner's Office 320 West 4th St., Suite 450 Los Angeles, CA 90013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid wages from manufactuer/employer:</u> <u>Case No. 633-125331/OV - Aide Guadalupe Martinez-Miranda</u> <u>(Employer: Fashion Party, Inc.); \$74,135</u> <u>Case No. WC-CM-208859 - Gabriel Catalan Vargas (Employer: AMC</u> <u>Apparel, Inc.); \$83,738.50</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74,135.00
-------	---	--	--------------------

Debtor **Vanity Shop of Grand Forks, Inc.**
Name

Case number (if known) **17-30112**

3.542 Nonpriority creditor's name and mailing address
State of California
Department of Industrial Relations
Labor Commissioner's Office
320 West 4th St., Suite 450
Los Angeles, CA 90013
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.* **\$83,738.50**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Unpaid wages from manufactuer/employer:**
Case No. WC-CM-208859 - Gabriel Catalan Vargas (Employer: AMC
Apparel, Inc.); \$83,738.50
Is the claim subject to offset? ☒ No ☐ Yes

3.543 Nonpriority creditor's name and mailing address
State of California
Department of Industrial Relations
Labor Commissioner's Office
320 West 4th St., Suite 450
Los Angeles, CA 90013
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.* **\$152,164.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Unpaid wages from manufactuer/employer:**
Case No. WC-CM-182134 - Alba Luz Hernandez Lopez (Employer:
TEHO, Inc., a California Corporation and Terry Choi, an Individual);
\$152,164.00
Is the claim subject to offset? ☒ No ☐ Yes

3.544 Nonpriority creditor's name and mailing address
State of California
Department of Industrial Relations
Labor Commissioner's Office
320 West 4th St., Suite 450
Los Angeles, CA 90013
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.* **\$71,201.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Unpaid wages from manufactuer/employer:**
Case No. WC-CM-159398 - Magdalena Antonio (Employer: TEHO, Inc.,
a California Corporation and Terry Choi, an Individual); \$71,201.00
Is the claim subject to offset? ☒ No ☐ Yes

3.545 Nonpriority creditor's name and mailing address
State of California
Department of Industrial Relations
Labor Commissioner's Office
320 West 4th St., Suite 450
Los Angeles, CA 90013
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.* **\$69,132.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Unpaid wages from manufactuer/employer:**
Case No. WC-CM-159228 - Maria de Monserrat Leyva-Gonzalez
(Employer: TEHO, Inc., a California Corporation and Terry Choi, an
Individual); \$69,132.00
Is the claim subject to offset? ☒ No ☐ Yes

3.546 Nonpriority creditor's name and mailing address
State of California
Department of Industrial Relations
Labor Commissioner's Office
320 West 4th St., Suite 450
Los Angeles, CA 90013
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.* **\$99,131.50**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Unpaid wages from manufactuer/employer:**
Case No. WC-CM-157222 - Magdalena Solis(Employer: TEHO, Inc., a
California Corporation and Terry Choi, an Individual); \$99,131.50
Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Vanity Shop of Grand Forks, Inc.**
Name

Case number (if known) **17-30112**

3.547 Nonpriority creditor's name and mailing address
State of California
Department of Industrial Relations
Labor Commissioner's Office
320 West 4th St., Suite 450
Los Angeles, CA 90013
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$181,831.40

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unpaid wages from manufactuer/employer:
Case No. WC-CM-157416 - Diego Perez-Meza (Employer: TEHO, Inc.,
a California Corporation and Terry Choi, an Individual); \$181,831.40

Is the claim subject to offset? ☒ No ☐ Yes

3.548 Nonpriority creditor's name and mailing address
State of California
Department of Industrial Relations
Labor Commissioner's Office
320 West 4th St., Suite 450
Los Angeles, CA 90013
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$114,149.50

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unpaid wages from manufactuer/employer:
Case No. WC-CM-156087 - Josue Garcia-Cruz (Employer: TEHO, Inc.,
a California Corporation and Terry Choi, an Individual); \$114,149.50

Is the claim subject to offset? ☒ No ☐ Yes

3.549 Nonpriority creditor's name and mailing address
State of California
Department of Industrial Relations
Labor Commissioner's Office
320 West 4th St., Suite 450
Los Angeles, CA 90013
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$38,816.40

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unpaid wages from manufactuer/employer:
Case No. WC-CM-158973 - Patricia Gomez-Arellano (Employer:
TEHO, Inc., a California Corporation and Terry Choi, an Individual);
\$38,816.40

Is the claim subject to offset? ☒ No ☐ Yes

3.550 Nonpriority creditor's name and mailing address
State of California
Department of Industrial Relations
Labor Commissioner's Office
320 West 4th St., Suite 450
Los Angeles, CA 90013
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$105,470.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unpaid wages from manufactuer/employer:
Case No. WC-CM-156084 - Lucitana Chavac (Employer: TEHO, Inc., a
California Corporation and Terry Choi, an Individual); \$105,470.00

Is the claim subject to offset? ☒ No ☐ Yes

3.551 Nonpriority creditor's name and mailing address
State of California
Department of Industrial Relations
Labor Commissioner's Office
320 West 4th St., Suite 450
Los Angeles, CA 90013
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$201,552.50

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unpaid wages from manufactuer/employer:
Case No. WC-CM-156086 - Miriam Perez (Employer: TEHO, Inc., a
California Corporation and Terry Choi, an Individual); \$201,552.50

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.552 Nonpriority creditor's name and mailing address

State of California
Department of Industrial Relations
Labor Commissioner's Office
320 West 4th St., Suite 450
Los Angeles, CA 90013

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$70,917.50**

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Unpaid wages from manufactuer/employer:
Case No. WC-CM-183664 - Gloria Cendejas De Cachu (Employer: TEHO, Inc., a California Corporation and Terry Choi, an Individual);
\$70,917.50

Is the claim subject to offset? ☒ No ☐ Yes

3.553 Nonpriority creditor's name and mailing address

State of California
Department of Industrial Relations
Labor Commissioner's Office
320 West 4th St., Suite 450
Los Angeles, CA 90013

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$77,389.00**

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Unpaid wages from manufactuer/employer:
Case No. WC-CM-159267 - Justina Cortes Reyna (Employer: TEHO, Inc., a California Corporation and Terry Choi, an Individual);
\$77,389.00

Is the claim subject to offset? ☒ No ☐ Yes

3.554 Nonpriority creditor's name and mailing address

State of California
Department of Industrial Relations
Labor Commissioner's Office
320 West 4th St., Suite 450
Los Angeles, CA 90013

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$105,470.00**

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Unpaid wages from manufactuer/employer:
Case No. WC-CM-156085 - Ismael Veliz-Herrera (Employer: TEHO, Inc., a California Corporation and Terry Choi, an Individual);
\$105,470.00

Is the claim subject to offset? ☒ No ☐ Yes

3.555 Nonpriority creditor's name and mailing address

State of California
Department of Industrial Relations
Labor Commissioner's Office
320 West 4th St., Suite 450
Los Angeles, CA 90013

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$61,017.00**

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Unpaid wages from manufactuer/employer:
Case No. WC-CM-184641 - Manuel Demetrio Sosa (Employer: TEHO, Inc., a California Corporation and Terry Choi, an Individual);
\$61,017.00

Is the claim subject to offset? ☒ No ☐ Yes

3.556 Nonpriority creditor's name and mailing address

State of California
Department of Industrial Relations
Labor Commissioner's Office
320 West 4th St., Suite 450
Los Angeles, CA 90013

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$44,070.76**

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Unpaid wages from manufactuer/employer:
Case No. WC-CM-158918 - Isabel Velazquez-Guerra (Employer: TEHO, Inc., a California Corporation and Terry Choi, an Individual);
\$44,070.76

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.557	Nonpriority creditor's name and mailing address State of California Department of Industrial Relations Labor Commissioner's Office 320 West 4th St., Suite 450 Los Angeles, CA 90013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid wages from manufacturer/employer:</u> <u>Case No. WC-CM-159253 - Jose Miguel Rodriguez (Employer: TEHO,</u> <u>Inc., a California Corporation and Terry Choi, an Individual);</u> <u>\$189,190.50</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$189,190.50
-------	---	--	---------------------

3.558	Nonpriority creditor's name and mailing address STERLING HEIGHTS, CITY OF DEPARTMENT 181601 PO BOX 55000 DETROIT, MI 48255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.81
-------	---	---	----------------

3.559	Nonpriority creditor's name and mailing address STONY APPAREL 1500 S. EVERGREEN AVE. LOS ANGELES, CA 90023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	---	---------------

3.560	Nonpriority creditor's name and mailing address STOOSH ROGER GARMENTS 1524 GAGE RD MONTEBELLO, CA 90640 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,240.00
-------	--	---	-------------------

3.561	Nonpriority creditor's name and mailing address STORED VALUE SOLUTIONS 3802 RELIABLE PARKWAY CHICAGO, IL 60686 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>GIFT CARD PROCESSING FEE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,469.45
-------	---	--	-------------------

3.562	Nonpriority creditor's name and mailing address STORMONT, STACE PO BOX 153 CIMARRON, KS 67835 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.17
-------	--	--	----------------

3.563	Nonpriority creditor's name and mailing address STUBBS, MALLORY 114 MARGARET CIRCLE ENID, OK 73703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.52
-------	---	--	----------------

Debtor Name	Case number (if known)	17-30112
3.564 Nonpriority creditor's name and mailing address STURM HEATING & AIR CONDITIONING 1112 NORTH NELSON SPOKANE, WA 99202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V76 HVAC Preventative Mtce</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.59
3.565 Nonpriority creditor's name and mailing address SUBURBAN ELECTRICAL ENGINEERS-CONTRACTORS,INC BOX 78031 MILWAUKEE, WI 53278 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$293.01
3.566 Nonpriority creditor's name and mailing address SUMMIT COMPANIES PO BOX 6205 CAROL STREAM, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FIRE EXTINGUISHER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.567 Nonpriority creditor's name and mailing address SUN BAN FASHIONS INC GLANCE 600 4TH AVENUE BROOKLYN, NY 11215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,245.01
3.568 Nonpriority creditor's name and mailing address SUPERIOR MECHANICAL 3100 PLAINFIELD ROAD SUITE C DAYTON, OH 45432 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC PM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$532.00
3.569 Nonpriority creditor's name and mailing address SUZHOU HENGRUN IMP&EXP CO 888 CHENGHU ROAD SUZHOU, CHINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,491.80
3.570 Nonpriority creditor's name and mailing address SWANSON, SHELBY 13013 212 AVE NE NEW LONDON, MN 56273 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.90

Debtor Name	Case number (if known)	17-30112
Vanity Shop of Grand Forks, Inc. Name 3.571 Nonpriority creditor's name and mailing address SWIFTAIR 2717 WEST 6TH SIOUX FALLS, SD 57104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$684.01
3.572 Nonpriority creditor's name and mailing address SYMPSON, ASHLEIG 825 PEACHERS MILL RD CLARKSVILLE, TN 37042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.68
3.573 Nonpriority creditor's name and mailing address T&M ELECTRIC INC 316 NORTHWESTERN AVE NORFOLK, NE 68701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$309.09
3.574 Nonpriority creditor's name and mailing address T.H. EIFERT 3302 W ST. JOSEPH LANSING, MI 48917 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: HVAC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$306.25
3.575 Nonpriority creditor's name and mailing address TAYLOR, NICOLE 405 S WEBER ST ABERDEEN, SD 57401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.88
3.576 Nonpriority creditor's name and mailing address TEC ELECTRIC COMPANY 755 WEST 200 SOUTH LOGAN, UT 84321 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.50
3.577 Nonpriority creditor's name and mailing address TEMP RIGHT SERVICE INC 1569 I-94 BUSINESS LOOP E DICKINSON, ND 58601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: HVAC PM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.578	Nonpriority creditor's name and mailing address TEMPERATURE PROS, LLC 778 S MAIN ST SUITE 196 LAPEER, MI 48446 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
-------	---	--	-----------------

3.579	Nonpriority creditor's name and mailing address TEMPTED 5630 BANDINI BLVD BELL, CA 90201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81,937.95
-------	---	---	--------------------

3.580	Nonpriority creditor's name and mailing address TERMINIX PROCESSING CTR PO BOX 742592 CINCINNATI, OH 45274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PEST CONTROL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.31
-------	---	--	-----------------

3.581	Nonpriority creditor's name and mailing address TERRE HAUTE, CITY OF PO BOX 21043 TULSA, OK 74121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.87
-------	--	---	----------------

3.582	Nonpriority creditor's name and mailing address TERRY'S HEATING & AIR CONDITIONING PO BOX 5177 TWIN FALLS, ID 83301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC PM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.94
-------	--	---	----------------

3.583	Nonpriority creditor's name and mailing address THAODORF, LORI 302 6TH AVE NE KASSON, MN 55944 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.48
-------	---	--	----------------

3.584	Nonpriority creditor's name and mailing address THE AD ART COMPANY 3260 E 26TH STREET LOS ANGELES, CA 90058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Spring Sign Kit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,205.43
-------	--	---	--------------------

Debtor Name	Case number (if known)	17-30112
Vanity Shop of Grand Forks, Inc. 3.585 Nonpriority creditor's name and mailing address THE ENERGY COOPERATIVE PO BOX 740467 CINCINNATI, OH 45274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.586 Nonpriority creditor's name and mailing address THE ILLUMINATING COMPANY PO BOX 3687 AKRON, OH 44309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$585.43
3.587 Nonpriority creditor's name and mailing address THE STERITECH GROUP INC PO BOX 472127 CHARLOTTE, NC 28247 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PEST CONTROL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.00
3.588 Nonpriority creditor's name and mailing address THE WINDOW WASHERS 2120 SOUTH RESERVE ST PMB 107 MISSOULA, MT 59801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WINDOW WASHING Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.00
3.589 Nonpriority creditor's name and mailing address THIBAULT, AMAND 8113 PINFEATHER DR FOUNTAIN, CO 80817 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.14
3.590 Nonpriority creditor's name and mailing address THORNE PLUMBING HEATING AIR CONDITIONING INC. PO BOX 820 ZANESVILLE, OH 43702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128.72
3.591 Nonpriority creditor's name and mailing address TIMM, JACKIE 1535 CAPITOL DR GREEN BAY, WI 54303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.09

Debtor	Name	Case number (if known)	17-30112
3.592	Nonpriority creditor's name and mailing address TOTAL CLEAN WINDOW WASHING PO BOX 11994 GREEN BAY, WI 54307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.593	Nonpriority creditor's name and mailing address TOWN AND COUNTRY ELECTRIC 1116 8TH STREET SOUTH VIRGINIA, MN 55792 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.80
3.594	Nonpriority creditor's name and mailing address TRI-STATE FIRE EXTINGUISHER COMPANY 122 S 7TH ST STEUBENVILLE, OH 43952 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FIRE EXTINGUISHER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.33
3.595	Nonpriority creditor's name and mailing address TY THE WINDOW GUY 4859 N SHADY VIEW LANE LEHI, UT 84043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.596	Nonpriority creditor's name and mailing address TYCO INTERGRATED SECURITY ATTN: JENEEN BALLARD BANKRUPTCY SPECIALIST 10405 CROSSPOINT BLVD INDIANAPOLIS, IN 46256 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONTRACT TERMINATION CHARGE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,664.88
3.597	Nonpriority creditor's name and mailing address ULINE ATTN: ACCTS RECEIVABLE PO BOX 88741 CHICAGO, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Store mop kits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$457.95
3.598	Nonpriority creditor's name and mailing address UNITED PARCEL SERVICE LOCK BOX 577 CAROL STREAM, IL 60132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FREIGHT CHARGES FOR WHSE TO STORE DELIVERIES/ECOM ORDERS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198,803.62

Debtor	Name	Case number (if known)	17-30112
3.599	Nonpriority creditor's name and mailing address UNITED TEAM MECHANICAL PO BOX 257 KAYSVILLE, UT 84037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V78/V88/V94 HVAC Preventative Mtce</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$276.00
3.600	Nonpriority creditor's name and mailing address UPS SUPPLY CHAIN SOLUTIONS CUSTOMS BROKERAGE SERVICE 28013 NETWORK PLACE CHICAGO, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SHIPPING/FREIGHT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,727.03
3.601	Nonpriority creditor's name and mailing address VAN ERT ELECTRIC COMPANY 7019 W STEWART AVE WAUSAU, WI 54401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$186.95
3.602	Nonpriority creditor's name and mailing address VANDELFT, BETHA 7490 HUISMAN RD LYNDEN, WA 98264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.00
3.603	Nonpriority creditor's name and mailing address VANENK ELECTRIC, INC. 2901 MAPLE ST N FARGO, ND 58102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REPAIRS & MTCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$673.55
3.604	Nonpriority creditor's name and mailing address VECTOR SECURITY, INC. PO BOX 89462 CLEVELAND, OH 44101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>STORE ALARMS V177 & V250</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.06
3.605	Nonpriority creditor's name and mailing address VECTREN ENERGY DELIVERY PO BOX 6248 INDIANAPOLIS, IN 46206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.87

Debtor	Vanity Shop of Grand Forks, Inc. Name	Case number (if known)	17-30112
--------	---	------------------------	-----------------

3.606	Nonpriority creditor's name and mailing address VECTREN ENERGY DELIVERY P.O. BOX 6262 INDIANAPOLIS, IN 46206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.94
-------	---	---	----------------

3.607	Nonpriority creditor's name and mailing address VERENDRYE ELECTRIC COOP 615 HIGHWAY 52 WEST VELVA, ND 58790 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261.44
-------	--	---	-----------------

3.608	Nonpriority creditor's name and mailing address VERITIV OPERATING COMPANY 7472 COLLECTION CENTER DR CHICAGO, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,365.00
-------	--	--	-------------------

3.609	Nonpriority creditor's name and mailing address VERIZON PO BOX 15124 ALBANY, NY 12212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TELECOMMUNICATIONS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.72
-------	--	--	----------------

3.610	Nonpriority creditor's name and mailing address VIENNA, CITY OF OFFICE OF THE TREASURER P.O. BOX 5097 VIENNA, WV 26105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.57
-------	---	---	----------------

3.611	Nonpriority creditor's name and mailing address VILLAGE OF GREENDALE 6500 NORTHWAY GREENDALE, WI 53129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>BUSINESS LICENSE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
-------	---	--	----------------

3.612	Nonpriority creditor's name and mailing address VOLAR FASHION 8940 SORENSEN AVE. SUITE 2 SANTA FE SPRINGS, CA 90670 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,423.80
-------	--	---	-------------------

Debtor **Vanity Shop of Grand Forks, Inc.**
Name

Case number (if known) **17-30112**

3.613	Nonpriority creditor's name and mailing address W.J. LEASEA ELECTRIC, INC 616 SOUTH MILITARY ROAD FOND DU LAC, WI 54935 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REPAIRS & MTCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161.48
3.614	Nonpriority creditor's name and mailing address WALDINGER CORPORATION PO BOX 1612 DES MOINES, IA 50306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: HVAC PM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$622.98
3.615	Nonpriority creditor's name and mailing address WALKER, DONNA 4400 TROUP HWY, APT 400 TYLER, TX 75703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.12
3.616	Nonpriority creditor's name and mailing address WALLACE, STACEY 227 BRISTOL RD CHATHAM, IL 62629 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.54
3.617	Nonpriority creditor's name and mailing address WASH AWAY ALL 129 N SUNSET DR. #1C WINSTON-SALEM, NC 27101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WINDOW WASHING Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$256.20
3.618	Nonpriority creditor's name and mailing address WASHED WHITE 1805 SYCAMORE GRANGER, IA 50109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WINDOW WASHING Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.08
3.619	Nonpriority creditor's name and mailing address WASTE MANAGEMENT PO BOX 13648 PHILADELPHIA, PA 19101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,585.85

Debtor **Vanity Shop of Grand Forks, Inc.**
NameCase number (if known) **17-30112**

3.620	Nonpriority creditor's name and mailing address WASTE MANAGEMENT OF WI-MN PO BOX 4648 CAROL STREAM, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WASTE SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,631.08
3.621	Nonpriority creditor's name and mailing address WATERTOWN MUNICIPAL UTILITIES 901 FOURTH AVENUE SW WATERTOWN, SD 57201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$405.17
3.622	Nonpriority creditor's name and mailing address WAYKINS, KELLY 3625 RIALTO PUEBLO, CO 81005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.38
3.623	Nonpriority creditor's name and mailing address WE DO WINDOWS PO BOX 408 HOLCOMB, KS 67851 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.624	Nonpriority creditor's name and mailing address WE ENERGIES PO BOX 90001 MILWAUKEE, WI 53290 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,063.71
3.625	Nonpriority creditor's name and mailing address WEST CENTRAL SANITATION P.O. BOX 796 WILLMAR, MN 56201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WASTE SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$255.74
3.626	Nonpriority creditor's name and mailing address WEST COAST TRUCKING, INC. 100 W MANVILLE STREET RANCHO DOMINGUEZ, CA 90220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,005.00

Debtor	Vanity Shop of Grand Forks, Inc. <small>Name</small>	Case number (if known)	17-30112
--------	--	------------------------	-----------------

3.627	Nonpriority creditor's name and mailing address WESTCOAST WAREHOUSING LLC 100 WEST MANVILLE ST RANCHO DOMINGUEZ, CA 90220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,414.75
-------	--	--	-------------------

3.628	Nonpriority creditor's name and mailing address WESTERN WYOMING LOCK 1849 CY AVENUE CASPER, WY 82604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOCKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.25
-------	---	--	-----------------

3.629	Nonpriority creditor's name and mailing address WESTMAN CHAMPLIN KOEHLER 900 2ND AVE S STE 1400 MINNEAPOLIS, MN 55402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>ATTORNEY-INTELLECTUAL PROPERTY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,012.90
-------	--	---	-------------------

3.630	Nonpriority creditor's name and mailing address WESTON, JAIDEN 814 W 1470 N CLINTON, UT 84015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EMPLOYEE TRAVEL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.28
-------	--	--	----------------

3.631	Nonpriority creditor's name and mailing address WIEDEL, ANNE 4234 DOUGLAS AVE RACINE, WI 53402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CUSTOMER REFUND CHECKS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.76
-------	---	---	----------------

3.632	Nonpriority creditor's name and mailing address WILLIAMS GENERAL CONST. 14999 BEAVERDALE RD DANVILLE, IA 52623 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V139 Replace light bulbs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$206.43
-------	---	---	-----------------

3.633	Nonpriority creditor's name and mailing address WILLIAMS MECHANICAL P.O. BOX 17038 JONESBORO, AR 72403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$541.19
-------	---	---	-----------------

Debtor	Name	Case number (if known)	17-30112
3.634	Nonpriority creditor's name and mailing address WILLISTON, CITY OF WATER DEPARTMENT PO BOX 1306 WILLISTON, ND 58802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.40
3.635	Nonpriority creditor's name and mailing address WILSON, NELDA 11300 N PENN AVE OKLAHOMA CITY, OK 73120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EMPLOYEE TRAVEL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.636	Nonpriority creditor's name and mailing address WINDOW CLEANING AND JANITORIAL SERVICE 39435 133RD ST BATH, SD 57427 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WINDOW WASHING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.637	Nonpriority creditor's name and mailing address WINDSTREAM P.O. BOX 9001908 LOUISVILLE, KY 40290 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TELECOMMUNICATIONS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$244.60
3.638	Nonpriority creditor's name and mailing address WISCONSIN PUBLIC SERVICE PO BOX 3140 MILWAUKEE, WI 53201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$817.20
3.639	Nonpriority creditor's name and mailing address WOODMAN REFRIGERATION, INC 1616 6TH AVE SE ABERDEEN, SD 57401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123.77
3.640	Nonpriority creditor's name and mailing address WOODS ELECTRICAL CONTRACTORS INC. 4180 N STARNES RD BLOOMINGTON, IN 47404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>V109 Replace Light Bulbs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$292.50

Debtor **Vanity Shop of Grand Forks, Inc.**
NameCase number (if known) **17-30112**

3.641	Nonpriority creditor's name and mailing address WOOLF, HOPE PO BOX 156 DEMING, WA 98244 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.33
3.642	Nonpriority creditor's name and mailing address WSC WHITE SERVICE COMPANY PO BOX 1309 WOLFFORTH, TX 79382 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: HVAC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.31
3.643	Nonpriority creditor's name and mailing address XCEL ENERGY PO BOX 9477 MINNEAPOLIS, MN 55484 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,445.99
3.644	Nonpriority creditor's name and mailing address YOUNG, LESLIE 320 DIVISION AVE VAN METER, IA 50261 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER REFUND CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.48
3.645	Nonpriority creditor's name and mailing address YOUNGSTOWN WATER DEPARTMENT PO BOX 6219 YOUNGSTOWN, OH 44501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.87
3.646	Nonpriority creditor's name and mailing address ZUBER, SHONNA 2211 E ROSE AVE APT 24 DES MOINES, IA 52030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE TRAVEL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.69

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Ameren Illinois Credit and Collections 2105 E State Route 104 Pawnee, IL 62558	Line 3.35 <input type="checkbox"/> Not listed. Explain _____	—

Debtor Name	Case number (if known)	17-30112
Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.2 Cindy Shattcuk Verendrye Electric Cooperative 1225 Highway 2 Bypass E Minot, ND 58701-7927	Line <u>3.607</u> <input type="checkbox"/> Not listed. Explain _____	<u>9900</u>
4.3 Coface North America Insurance Company 50 Millstone Rd., Bldg. 100, Ste. 360 East Windsor, NJ 08520	Line <u>3.349</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4 Colsolidated Communications ATTN: Shelly Romack PO Box 3248 Mankato, MN 56001-3248	Line <u>3.150</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5 Comdata Inc. dba Stored Value Solutions ATTN: William H. Baustien SVP One Oxmore Place Suite 305 101 Bullitt Lane Louisville, KY 40222-5465	Line <u>3.561</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6 D'Layne Carter PO Box 9132 Amarillo, TX 79105-9132	Line <u>2.217</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7 Elizabeth Weller Linebarger Goggan Blair & Sampson, LLP 2777 N. Stemmons Freeway Suite 1000 Dallas, TX 75207	Line <u>2.102</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8 Elizabeth Weller Linebarger Goggan Blair & Sampson, LLP 2777 N. Stemmons Freeway Suite 1000 Dallas, TX 75207	Line <u>2.238</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9 Erik A. Ahlgren Ahlgren Law Office 220 W. Washington Ave. Fergus Falls, MN 56537	Line <u>3.158</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10 Erik A. Ahlgren Ahlgren Law Office 220 W. Washington Ave. Fergus Falls, MN 56537	Line <u>3.297</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11 Euler Hermes Collections North America 800 Red Brook Blvd, Suite 400C Owings Mills, MD 21117	Line <u>3.88</u> <input type="checkbox"/> Not listed. Explain _____	<u>0314</u>
4.12 Finesse Novelty Corp 30 Commerical Court Plainview, NY 11803	Line <u>3.211</u> <input type="checkbox"/> Not listed. Explain _____	—
4.13 Jamie Bennett SEMCO Energy 1411 3rd Street Port Huron, MI 48060	Line <u>3.509</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor Name	Case number (if known)	17-30112
Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.14 Jane R. Fountain TTCL Services LLC dba Fish Window Clean PO Box 22268 Billings, MT 59104	Line <u>3.219</u> <input type="checkbox"/> Not listed. Explain _____	—
4.15 Joe Mezzina Mallory Group 777 Sunrise Highway, Suite 301 Lynbrook, NY 11563	Line <u>3.351</u> <input type="checkbox"/> Not listed. Explain _____	—
4.16 Josh Hawley, Attorney General Missouri Department of Revenue 201 W. High St., Rm 670 PO Box 475 Jefferson City, MO 65105-0475	Line <u>2.170</u> <input type="checkbox"/> Not listed. Explain _____	—
4.17 Laura J. Monroe PO Box 817 Lubbock, TX 79408	Line <u>2.148</u> <input type="checkbox"/> Not listed. Explain _____	—
4.18 Mark R. Hansen - Tax Collector 605 N Capital Avenue Idaho Falls, ID 83402	Line <u>2.19</u> <input type="checkbox"/> Not listed. Explain _____	—
4.19 MidAmerican Energy Company PO Box 4350 Credit Davenport, IA 52808-4350	Line <u>3.370</u> <input type="checkbox"/> Not listed. Explain _____	—
4.20 Patti M. Vickery Ameren Missouri/Bankruptcy Desk Code 310 PO Box 66881 Saint Louis, MO 63166	Line <u>3.36</u> <input type="checkbox"/> Not listed. Explain _____	—
4.21 Questar Gas Co/Bankruptcy/DNR 1140 W 200 S PO Box 3194 Salt Lake City, UT 84110	Line <u>3.470</u> <input type="checkbox"/> Not listed. Explain _____	—
4.22 Roger James Minch Serkland Law Firm 10 Roberts Street P.O. Box 6017 Fargo, ND 58108	Line <u>3.82</u> <input type="checkbox"/> Not listed. Explain _____	—
4.23 Second Generation BEBOP CLC Rosenthal & Rosenthal, Inc. Anthony DiTirro 1370 Broadway New York, NY 10018	Line <u>3.507</u> <input type="checkbox"/> Not listed. Explain _____	—
4.24 SQU & KC INT'L/GAS CHAIN CALZADA ROOSEVELT 22-43 TORRE SOL NIVEL 5 OFICINA GUATEMALA, C.A.	Line <u>3.534</u> <input type="checkbox"/> Not listed. Explain _____	—
4.25 Steven A. Ginther Missouri Department of Revenue 301 W. High Street, Room 670 PO Box 475 Jefferson City, MO 65105-0475	Line <u>2.169</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Name	Case number (if known)	17-30112
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.26	Steven A. Ginther Missouri Department of Revenue 301 W. High Street, Room 670 PO Box 475 Jefferson City, MO 65105-0475	Line <u>2.170</u> <input type="checkbox"/> Not listed. Explain _____	—
4.27	Steven R. Fox Fox Law Corporation 17835 Ventura Blvd., Suite 306 Encino, CA 91316	Line <u>3.47</u> <input type="checkbox"/> Not listed. Explain _____	<u>srfox@foxlaw.com</u>
4.28	Thomas J. Mayernik Attorney at Law 8754 Mentor Ave Mentor, OH 44060	Line <u>3.292</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b. +	\$ <u>7,906,724.56</u>
5c.	\$ <u>7,906,724.56</u>

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name		Home Address		City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location	
AALBERS	JESSICA D	308 4TH AVE NW		WATERTOWN	SD	57201	LP	S02523	P	VNY	25	
ABARR	ANDROMEDA S	608 4TH AVE N		GREAT FALLS	MT	59401	HP	S03622	P	VNY	36	
ABRAHAM	DENISE	7 SMALLWODD PL		WHITE PLAINS	NY	10603	S	H25807	F	VNI	258	
ACKER	KATELYN A	8506 N MAYFAIR #28		SPOKANE	WA	99208	HM	S07533	F	VNY	75	
ADAHL	JENNIFER B	4949 16TH AVE S		FARGO	ND	58103	S	H25907	F	VNI	259	
ADAMS	JAYNE B	11365 EVANS ST Apt 7		OMAHA	NE	68164	HP	S06122	P	VNY	61	
ADAMS	ARIZONA C	1539 M66 SE		KALKASKA	MI	49646	HP	S08422	P	VNY	84	
ADAMS	SAMANTHA R	1137 S BRUCE AVE		SPRINGFIELD	MO	65804	LP	S23023	P	VNY	230	
ADAMS	KENNEDY S	4131 SOUTH OTTER CREAK RD		LASALLE	MI	48145	HP	S27522	P	VNY	275	
ADCOCK	ATHENA C	221 RIVERVIEW AVE		DE PERE	WI	54115	HP	S10622	P	VNY	106	
AEBEL	ERIN M	13563 WOODLAND DRIVE		ATHENS	IL	62613	AF	S20225	F	VNY	202	
AGUALLO	CASSANDRA P	704 W FAIRFIELD ST #2		LINCOLN	NE	68521	HP	S06022	P	VNY	60	
AGUILAR	LIZA J	4282 S 4800 W		WEST HAVEN	UT	84401	AF	S07825	F	VNY	78	
AGUILERA	KRISTINE M	3615 E UINTAH ST APT 22		COLORADO SPRING	CO	80909	HP	S16422	P	VNY	164	
AICHELE	KRISTEN L	2003 WEST KEMP AVENUE		WATERTOWN	SD	57201	HP	S02522	P	VNY	25	
ALBERDING	VICTORIA K	2020 LINVILLE PASS		FORT WAYNE	IN	46845	HP	S10822	P	VNY	108	
ALBERTS	NOELLE E	7016 N NORMANDIE		SPOKANE	WA	99207	LP	S07523	P	VNY	75	
ALBERTSON	DAVID	8009 N WESTVIEW DR		COEUR D'ALENE	ID	83815	HP	H00105	P	VNI	1	
ALBRIGHT	LACEY E	428 W SPRUCE ST		FERGUS FALLS	MN	56537	AF	S00725	F	VNY	7	
ALESIA	EMILY E	1733 ROOSES LANE		INDIANAPOLIS	IN	46217	HP	S11222	P	VNY	112	
ALEXANDER	EMILY R	5700 150TH LANE NW		RAMSEY	MN	55303	HF	H26605	F	VNI	266	
ALLEN	HANNAH A	1420 9TH ST S		VIRGINIA	MN	55792	LP	S00223	P	VNY	2	
ALLEN	DANIELLE L	2350 ST RD 44		MARTINSVILLE	IN	46151	AF	S10925	F	VNY	109	
ALLEN	EMMA E	2754 LINDA LANE		SALINA	KS	67401	HP	S25122	P	VNY	251	
ALLISON	NICOLE E	6219 S 3RD ST		MILWAUKEE	WI	53207	HP	S04822	P	VNY	48	
ALM	DEVON P	227 SOUTH 18TH AVE APT 3		BOZEMAN	MT	59715	AF	S01625	F	VNY	16	
ALMANZA	CLAUDIA L	1618 MARION RD SE #212		ROCHESTER	MN	55904	HP	S22022	P	VNY	220	
AL-MUHANA	ADRA S	4029 WEDGEWOOD DR		FORT WAYNE	IN	46815	HP	S10822	P	VNY	108	
ALTENBURG	JOELLE R	3814 TODD ST		MIDLAND	MI	48642	HP	S27722	P	VNY	277	
ALVARENGA	JULIA P	16102 E Broadway Ave	APT A106		WA	99037-9810	LP	S07623	P	VNY	76	
AMAYA	DELFINA	2607 DENA DR		SAN ANGELO	TX	76904	HP	S17322	P	VNY	173	
ANDERSEN	CYPRISS J	3321 MCCLAIN DR.		CEDAR FALLS	IA	50613	HP	S13122	P	VNY	131	
ANDERSON	EMILY	6 PACIFIC AVE		THOMPSON	ND	58278	HP	S00322	P	VNY	3	
ANDERSON	HANNAH S	3561 N 3400 E		KIMBERLY	ID	83341	HP	S07222	P	VNY	72	
ANDERSON	JENNIFER L	7 SOUTH JEFFERSON AVE		MASON CITY	IA	50401	LP	S07723	P	VNY	77	
ANDERSON	CARLY W	3740 SW WORWICK TOWN RD		TOPEKA	KS	66610	HP	S25522	P	VNY	255	
ANDREWS	STEPHANY M	309 HARTLEY ST	PO BOX 751		COLERAINE	MN	55722	HM	S03230	F	VNY	32
ANDREWS	BRITTANY J	38153 ERIE RD B5		WILLOUGHBY	OH	44094	AF	S09025	F	VNY	90	
ANDRUSS	RINDI R	3327 APPLE STREET		LINCOLN	NE	68503	AF	S06025	F	VNY	60	
ANGUILM	JACQUELYN M	2499 SYCAMORE STREET		TWIN LAKE	MI	49457	HM	S08030	F	VNY	80	
ANTHONY	CELESTE R	13194 CR 286 D		KILGORE	TX	75662	LP	S17923	P	VNY	179	
ASCHE	HANNAH L	1760 S WELDON RD		WINNEBAGO	IL	61088	LP	S14323	P	VNY	143	
ASMAN	ERICA L	4219 S PENNSYLVANIA AVE		SAINT FRANCIS	WI	53235	HP	S20722	P	VNY	207	

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
AULD	DANIELLE A	953 74TH ST NE UNIT 6	CEDAR RAPIDS	IA	52402	LP	S13723	P	VNY 137
AVILA	GISELLE	433 SOUTH 200 WEST	OGDEN	UT	84404	HP	S07822	P	VNY 78
AYALA	ALYIAH J	737 W CORONA AVE	PUEBLO	CO	81004	HP	S16522	P	VNY 165
AYRES	KATLYN N	4906 BURNS AVENUE	BARTONVILLE	IL	61607	HP	S20322	P	VNY 203
BABINO	LYDIA J	921 E WASHINGTON ST	APPLETON	WI	54911	HP	S04722	P	VNY 47
BACA	MARIA N	544 3RD ST	OGDEN	UT	84404	HP	S07822	P	VNY 78
BACHMAN	RACHELLE	20277 HOLIDAY ST	GREENVIEW	IL	62642	HM	S20330	F	VNY 203
BAILEY	TARAH L	903 WASHINGTON BLVD	BELPRE	OH	45714	HP	S18322	P	VNY 183
BAILEY	JENNIFER M	1121 ABBOTTS CREEK CIR	KERNERSVILLE	NC	27284	AF	S21925	F	VNY 219
BAILS	ARIANA L	289 SWOPE CIRCLE	TWIN FALLS	ID	83301	HP	S07222	P	VNY 72
BAKER	CHEYENNE S	1930 S WASHINGTON	CASPER	WY	82601	LP	S12823	P	VNY 128
BAKER	ABIGAIL M	511 RICKER ST.	WATERLOO	IA	50703	HP	S13022	P	VNY 130
BALDWIN	LEANDRA S	1687 SCHLEGEL RD	WEBSTER	NY	14580	HP	S18522	P	VNY 185
BALES	DESIRAE M	627 HEARTHSIDE DR	CEDAR FALLS	IA	50613	HP	S13122	P	VNY 131
BANDA	VANESA S	4000 RIVERSHELL LN	LANSING	MI	48911	LP	S09623	P	VNY 96
BANKS	JENSEN E	3540 N 19TH ST	COEUR D ALENE	ID	83815	LP	S01323	P	VNY 13
BANNERMAN	ROBYN L	14878 ALMA DR	STERLING HEIGHT	MI	48313	HM	S14530	F	VNY 145
BANTER	PATRICIA M	3608 DRIFTWOOD DR N APT 202	LAFAYETTE	IN	47905	HM	S27230	F	VNY 272
BARBER	NICOLE L	705 CAVALRY RD	POST FALLS	ID	83854	HP	S01322	F	VNY 13
BARBOZA JUAREZ	MARISELA	307 2ND STREET	WEST DES MOINES	IA	50265	LP	S24523	P	VNY 245
BARKER	BONNIE L	13980 INGLEWOOD DR	BAXTER	MN	56425	LP	S00823	P	VNY 8
BARKER	KAYLA R	4440 TUTTLE CREEK BLVD LOT 20	MANHATTAN	KS	66502	LP	S25423	P	VNY 254
BARNER	CASEY E	502 N COLUMBUS ST	GALION	OH	44833	HP	S13622	P	VNY 136
BARNES	TAYLOR B	221 HARVEST RIDGE LANE	MORGANTOWN	WV	26508	HP	S18422	P	VNY 184
BARON	BAILEY M	245 Front St	Pulaski	WI	54162-7968	AF	S10625	F	VNY 106
BARTOSZEK	MARY E	807 N CONNECTICUT AVE	MASON CITY	IA	50401	LP	S07723	P	VNY 77
BASS	KRYSTA L	17401 EAST US 40HWY APT B9	INDEPENDENCE	MO	64055	LP	S05423	P	VNY 54
BATCHELOR	JALIAH L	67 N PADDOCK ST	PONTIAC	MI	48342	HP	S04922	P	VNY 49
BAUER	ELLEN M	185 CARLTON DR	FLORENCE	MT	59833	AF	S12625	F	VNY 126
BAUMGARTNER	HEATHER N	8021 E. PICCADILLY RD.	MUNCIE	IN	47302	HM	S11030	F	VNY 110
BAUMGARTNER	MIKAYLA V	700 36TH ST SW NA	ROCHESTER	MN	55904	LP	S22023	P	VNY 220
BEARD	BRIDGET J	1404 MARIAN ST	TYLER	TX	75701	LP	S17823	P	VNY 178
BECK	SPRING M	3354 LEONARD RD LOT 27	LEXINGTON	NC	27295	HP	S21922	P	VNY 219
BECK	BRILEY S	2040 EAST SADIE LANE	JOPLIN	MO	64801	LP	S23623	P	VNY 236
BEETER	MCKENNA K	2201 23RD ST SW	MINOT	ND	58701	HP	S02622	P	VNY 26
BELICE	LEXIE A	1195 DRIVEWAY LANE	DILLON	MT	59725	HP	S03522	P	VNY 35
BELL	TAYLOR N	1239 N MARTIN RD	JANESVILLE	WI	53545	HP	S04622	P	VNY 46
BELL	JOCELYN I	3909 COVE RD	ROWLETT	TX	75088	LP	S17723	P	VNY 177
BELTRAN	CHRISTI M	705 IDA	GARDEN CITY	KS	67846	AF	S25025	F	VNY 250
BENDORF	MADYSON M	2566 HUNTINGTON PARK DR	GRAND FORKS	ND	58201	HP	S00322	P	VNY 3
BENFIELD	SAINT J	1852 16TH STREET SW LOT 36	MINOT	ND	58701	FR	S02622	P	VNY 26
BENGFORD	MARY J	4019 SUMMERSET DR	BURNS	WY	82053	LP	S12923	P	VNY 129
BENGTSO	TRESSA M	5360 28TH AVE S APT 211	FARGO	ND	58104	HF	H26807	F	VNI 268

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
BENNETT	SARAH C	2318 N FERGUSON AVE	BOZEMAN	MT	59718	HP	S01622	P	VNY 16
BENNETT	VERONICA L	5121 E CHERYL PARKWAY#113	FITCHBURG	WI	53711	LP	S09823	P	VNY 98
BENNETT	CHRISTINA L	7209 SHELBY STREET	INDIANAPOLIS	IN	46227	AF	S11225	F	VNY 112
BENSON	KENZIE J	3489 W 2200 S	YOUNGWARD	UT	84339	AF	S08825	F	VNY 88
BERG	ALEXA L	620 W Quartz St	Butte	MT	59701-9161	LP	S03523	P	VNY 35
BERGLUND	BRIANNA J	5001 WEST 43RD STREET #12	SIOUX FALLS	SD	57106	HM	S01126	F	VNY 11
BEST	SAVANNA R	1770 BOIS'D'ARC	DIANA	TX	75640	HP	S17922	P	VNY 179
BETTIN	JULIA L	56181 834 RD	STANTON	NE	68779	LP	S06823	P	VNY 68
BIALEK	STACEY D	5504 BASTIAN BLVD	SOUTH BELOIT	IL	61080	LP	S14323	P	VNY 143
BICE	TESSA M	3904 S SKIPWORTH	SPOKANE	WA	99206	HP	S07622	P	VNY 76
BIDDY-HOFFMAN	DELANEY D	3045 NO 27TH AVE #15	BOZEMAN	MT	59718	HP	S01622	P	VNY 16
BIEL	HAYLEE R	31777 121ST ST	JAVA	SD	57452	LP	S11123	P	VNY 111
BIGGS	KAYCEE N	4512 N SAGINAW RD APT 721	MIDLAND	MI	48640	HM	S27730	F	VNY 277
BILLUPS	BETH M	1846 KNOLLMONT DRIVE	FLORENCE	KY	41042	LP	S14823	P	VNY 148
BINDER	TAMMY M	322 E OAK STREET	LAWTON	IA	51030	DM	H26406	F	VNI 264
BINDER	KIRSTEN L	1406 LAWE ST	GREEN BAY	WI	54301	LP	S10623	P	VNY 106
BISTA	NATALIE M	8644 RIVER TERRACE DR	FRANKLIN	WI	53132	HP	S04822	P	VNY 48
BJORKLUND	LILLIAN J	305 B ST	BRAINERD	MN	56401	HP	S00822	P	VNY 8
BJUR	ASHTON E	2402 S HWY 281	ABERDEEN	SD	57401	LP	S11123	P	VNY 111
BLACK	SHELLEY R	6718 FERNWOOD AVE	FORT WAYNE	IN	46809	HM	S10830	F	VNY 108
BLACK	MADELINE R	6638 OLIVE BRANCH CT	INDIANAPOLIS	IN	46237	LP	S11223	P	VNY 112
BLACK	CHEYENNE D	5128 BUENA	GRANITE CITY	IL	62040	LP	S14122	P	VNY 141
BLACKDEER	CARLIE L	950 LINDEN DR #205	HOLMEN	WI	54636	HP	S10522	P	VNY 105
BLACKDEER	CASSIE J	950 LINDEN DR #205	HOLMEN	WI	54636	HP	S10522	P	VNY 105
BLAIR	MICAH N	5408 CORNEWYR STONE AVENUE	BILLINGS	MT	59106	LP	S01523	P	VNY 15
BLAUVELT	JENNA R	303 2ND ST	CANTRALL	IL	62625	HP	S20222	P	VNY 202
BLESSING	KATIE H	8417 France St	Newport	MI	48166	DM	H26406	F	VNI 264
BLOCK	KIM L	400 18TH AVE SE # 68	MINOT	ND	58701	HP	S02622	P	VNY 26
BLOSSER	ALYSSA L	2 COUNTRY SQUIRE VLG	MORGANTOWN	WV	26508	HP	S18422	P	VNY 184
BLOUGH	KAELEIGH M	550 SEXTON ST	STRUTHERS	OH	44471	HP	S11722	P	VNY 177
BLUM	JENNIFER	4750 TIMBER PKWY S APT 304	FARGO	ND	58104	HM	S00530	F	VNY 5
BLUMENTHAL	TAYLOR L	632 SHANNON LANE	GRAND JUNCTION	CO	81504	AF	S16725	F	VNY 167
BOHNE	SARAH M	2655 S. 69TH ST.	MILWAUKEE	WI	53219	HP	S20722	P	VNY 207
BOIVIN	MADISON L	2264 SOUTH PINE TREE ROAD	DEPERE	WI	54115	HP	S10622	P	VNY 106
BOLEN	ALLISON P	275 FM 421 TRL 41	LUMBERTON	TX	77657	LP	S17423	P	VNY 174
BOND	OLIVIA A	10417 E. LIPPENCOTT BLVD	DAVISON	MI	48423	HP	S27622	P	VNY 276
BOONE	JENICE A	4260 BROWNSBORO RD APT C43	WINSTON SALEM	NC	27106	HP	S21922	P	VNY 219
BORCHARDT	ASHLEY L	9303 PASTURE LANE	WAUSAU	WI	54403	HP	S05122	P	VNY 51
BORCHARDT	CHANICE A	759 N TALL PINE PL	MERIDIAN	ID	83642	LP	S07423	P	VNY 74
BORTLE	LEXA J	514 N 72ND STREET	OMAHA	NE	68114	HP	S22122	P	VNY 221
BOSSET	AMBER M	1119 14TH ST WEST APT 210	DICKINSON	ND	58601	HM	S01930	F	VNY 19
BOUNYASANH	SOVIA M	1813 N I ST	FORT SMITH	AR	72901	HP	S21022	P	VNY 210
BOYD	EMILY R	4101 CENTRAL AVE H507	GREAT FALLS	MT	59405	AF	S03625	F	VNY 36

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
BOZARTH	EMILY A	5357 TAFT RD	RIVERTON	IL	62561	LP	S20223	P	VNY 202
BRADBURY	KAILI N	1933 PAGE AVE	SALINA	KS	67401	HP	S25122	P	VNY 251
BRADLEY	ELAINE M	4406 SAYLOR ST	DAYTON	OH	45416	AF	S11525	F	VNY 115
BRADSHAW	STACIE L	426 5TH ST NW	MINOT	ND	58703	HP	S02622	P	VNY 26
BRASHER	KIMBERLY K	10121 DEBBIE LANE	MACHESNEY PARK	IL	61115	LP	S14323	P	VNY 143
BRAZIL	TAYLOR A	1512 128TH AVE NE	BLAINE	MN	55449	HP	S21222	P	VNY 212
BRECOUNT	LEANA T	6090 46TH ST. N	OAKDALE	MN	55128	LP	S22622	P	VNY 226
BREITBACH	MARISSA D	16171 CHATHAM DR.	CLINTON TOWNSHI	MI	48035	HP	S14522	P	VNY 145
BREITSPRECHER TORRE	MARIA T	9614 UNIVERSITY AVE APT 202N	CEDAR FALLS	IA	50613	HP	S13122	P	VNY 131
BREKKE	AIMEE M	5041 43RD St S	FARGO	ND	58104	S	H25807	F	VNI 258
BREKOSKI	AMY M	730 PASADENA	YOUNGSTOWN	OH	44502	LP	S11723	P	VNY 117
BRENDMOEN	BRITTANY J	109 E MEADOW LARK LN	FERGUS FALLS	MN	56537	HP	S00722	P	VNY 7
BREWER	CAITLIN B	718 RIDGE CREST CT	BLOOMINGTON	IN	47401	LP	S10923	P	VNY 109
BREYNE	KELLY A	310 N WALNUT ST	WENONA	IL	61377	HP	S14022	P	VNY 140
BRIDGETT	BAILEY N	3755 CHRISTENSEN CT	GRAND JUNCTION	CO	81506	HM	S12930	F	VNY 129
BRIEN	JENNIFER L	406 31ST AVE SE LOT 112	MINOT	ND	58701	HP	S02622	P	VNY 26
BRIGGS	SABRINA R	3102 NEILSON DR	ENID	OK	73703	LP	S19023	P	VNY 190
BRIGHT	ERICA J	9012 MESSA VIEW	BROWNWOOD	TX	76801	LP	S17323	P	VNY 173
BRINER	KATIE N	4420 FOUNTAIN SPRINGS GV APT. 260	COLORADO	CO	80916	LP	S16423	P	VNY 164
BROCK	JASMIE	36489 FARMBROOK DR	CLINTON TOWNSHI	MI	48036	LP	S14522	P	VNY 145
BRODEUR	LATICIYA M	5081 ELDON DRIVE S	COLORADO SPRING	CO	80916	HP	S16422	P	VNY 164
BRODHAGEN	CRYSTAL A	6619 SHENANDOAH CT	LINCOLN	NE	68510	HP	S06022	P	VNY 60
BROMAGEN	OLIVIA K	2917 W ENON RD	XENIA	OH	45385	HP	S11422	P	VNY 114
BROOKS	KEY'LOCHA K	3910 TREADWAY RD #710	BEAUMONT	TX	77706	HP	S17422	P	VNY 174
BROTT	MADISON S	305 WASHINGTON AVE	ARVILLA	ND	58214	HP	S00322	P	VNY 3
BROUGH	ALEXI R	3762 S TEAL RUN WAY	SOUT SALT LAKE	UT	84119	HP	S12222	P	VNY 122
BROUGHTON	ADRIANNA B	1308 SPRINGLAKE HILL APT6	QUINCY	IL	62305	LP	S14723	P	VNY 147
BROWN	ASHLEY	5018 AMBER VALLEY PARKWAY #303	FARGO	ND	58104	HF	H26605	F	VNI 266
BROWN	AMY E	3624 LANDECO LANE #14B	GRAND FORKS	ND	58201	LP	S00323	P	VNY 3
BROWN	SIERRA L	10415 N STRAHORN RD	HAYDEN	ID	83835	LP	S01323	P	VNY 13
BROWN	GAYLE B	3315 CENTRAL AVE APT1	BILLINGS	MT	59102	AF	S01525	F	VNY 15
BROWN	TYRA N	7543 PEBBLE SPRING CT	COTTON WOOD HT	UT	84093	HP	S12222	P	VNY 122
BROWN	AUGUST M	223 CRYSTAL STREET	AMES	IA	50010	AF	S13325	F	VNY 133
BRUMLEY	TENIKA L	5015 PINE ST APT1802	BEAUMONT	TX	77703	HP	S17422	P	VNY 174
BRUNDRETT	LAUREN F	7905 EVENING STAR DR	ROWLETT	TX	75089	HP	S17722	P	VNY 177
BUCK	KENDAHL A	209 ERICKSON ST	ANACONDA	MT	59711	HP	S01622	P	VNY 16
BUCKLEY	NATRESE A	4822 TAYLOR STREET	OMAHA	NE	68114	HP	S06122	P	VNY 61
BUILTA	BEULAH A	967 N. PURCELL BLVD	PUEBLO WEST	CO	81007	HP	S16522	P	VNY 165
BUJWID	MARY E	5138 N NEENAH AVE	CHICAGO	IL	60656	RM	H26406	F	VNI 264
BULLARD	NASTASHIA D	5020 A PERNOD AVE	ST. LOUIS	MO	63139	HM	S23530	F	VNY 235
BURDI	ANGELA J	2714 TRELAUNY DRIVE	CLARKSVILLE	TN	37043	HM	S08330	F	VNY 83
BURGESS	DANA M	508 W. VANDALIA ST	BROKEN ARROW	OK	74012	AF	S19925	F	VNY 199
BURKE	AMBROSIA L	PO BOX 374 319 5TH STREET	THOMPSON	ND	58278	HP	S00322	P	VNY 3

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
BURKHARDT	CAROLINE E	64 TERI LANE	LITTLE HOCKING	OH	45742	HP	S18322	P	VNY 183
BURNETT	MALEECE	30 ROSE CIRCLE	MURRAY	UT	84107	LP	S12223	P	VNY 122
BURNS	JADAI L	6806 N 41ST STREET	OMAHA	NE	68112	HP	S06122	P	VNY 61
BURTON	KIERSTEN M	309 N EWING	TALLULA	IL	62688	HP	S20222	P	VNY 202
BURTON	TAYLOR S	1308 MOWREY AVE	OTTUMWA	IA	52501	HP	S24422	P	VNY 244
BURWELL	EMILY G	32 HADDALE AVENUE	WHEELING	WV	26003	HP	S10022	P	VNY 100
BUSIEK	REBECCA A	115 STONEGATE DRIVE	WASHINGTON	WV	26181	HP	S18322	P	VNY 183
CADY	SAMANTHA	4699 KINGSWOOD LN	DIAMOND	MO	64840	HP	S23622	P	VNY 236
CAIMANO	BROOKLYN N	6626 N OAKWOOD RD	ENID	OK	73703	LP	S19023	P	VNY 190
CAIN	NICOLE L	3746 S HUMBOLDT STREET	TOPEKA	KS	66609	HM	S25530	F	VNY 255
CALDWELL	JEFFERY A	160 E. ELMWOOD DR.	CENTERVILLE	OH	45459	HP	S11522	P	VNY 115
CALDWELL	LATISHA S	5008 RIDGEDALE DR	ENID	OK	73703	HP	S19022	P	VNY 190
CALHOUN	KATLYN N	2108 3RD AVE EAST	WILLISTON	ND	58801	HP	S02022	P	VNY 20
CAMRUD	ALYSSA M	16427 15TH ST NE	BUXTON	ND	58218	HP	S00322	P	VNY 3
CANTRELL	ALLEE M	721 BROADWAY ST	HAMILTON	IL	62341	LP	S13923	P	VNY 139
CANTRELL	SHELBY L	5347 E. CARPENTER RD	FLINT	MI	48506	HP	S27622	P	VNY 276
CARDENAS	JENNIFER A	715 UPTON	SAN ANGELO	TX	76903	HP	S17322	P	VNY 173
CARLEN	ANNA R	480 WILLIAM AVE E	DASSEL	MN	55325	HP	S02722	P	VNY 27
CARLISLE	MELISSA C	966 EAST 2200 NORTH	NORTH LOGAN	UT	84341	HP	S08822	P	VNY 88
CARLSON	HANNAH R	4430 PEABODY LN	DULUTH	MN	55804	LP	S00223	P	VNY 2
CARLSON	BRIANNA J	4019 CORBY ST.	OMAHA	NE	68111	HP	S06122	P	VNY 61
CARPENTER-LOBSTEIN	SKYE L	303 15TH AVE	GREEN BAY	WI	54303	LP	S10623	P	VNY 106
CARR	JADA V	105 SOUTH KENT STREET	LAKE BENTON	MN	56149	LP	S01123	P	VNY 11
CARR	RILEY L	47032 244TH ST	DELL RAPIDS	SD	57022	HP	S01122	P	VNY 11
CARR	JESSICA A	1709 W 1375 N	LAYTON	UT	84041	HP	S09422	P	VNY 94
CARR	SAMANTHA D	368 RAYNOR RD EXT	EDINBURG	PA	16116	LP	S11723	P	VNY 117
CARRICO	CASSANDRA P	3971 KIRTLAND RD APT #2	WILLOUGHBY	OH	44095	LP	S09023	P	VNY 90
CARRILLO	CHRISTIAN N	803 MAIN ST	PANHANDLE	TX	79068	HP	S17122	P	VNY 171
CARROLL	MARIAH L	38504 127TH ST	ABERDEEN	SD	57401	HP	S11122	P	VNY 111
CARTER	KATIE R	2745 N SAND TRAP WAY	POST FALLS	ID	83854	HP	S01322	P	VNY 13
CARTER	ERIN P	6925 DALLAS RD	BROOKLYN CENTER	MN	55430	HM	S22630	F	VNY 226
CASTILE	KHALYN L	109 RED CLOUD TRAIL	LAFAYETTE	IN	47905	HP	S27222	P	VNY 272
CASTLE	GRACE E	2936 EAST COUNTRY LANE	MONROE	MI	48162	HP	S27522	P	VNY 275
CASTORENA SANCHEZ	BRENDA M	5702 37TH ST	LUBBOCK	TX	79407	HP	S17022	P	VNY 170
CAULFIELD	CHEYENNE R	6505 S 50TH AVE CIR	OMAHA	NE	68117	AF	S22125	F	VNY 221
CEDERBERG	HALEY C	10301 KARSTON AVE NE	ALBERTVILLE	MN	55301	LP	S02723	P	VNY 27
CESAREO	CHRISTINA T	13 GILEAD HILL ROAD	NORTH CHILI	NY	14514	HP	S18522	P	VNY 185
CHAMBERS	KAROLINE S	2828 N GLENNFIELD WAY	MERIDIAN	ID	83646	HM	S07430	F	VNY 74
CHAMBERS	LANITA D	1440 W KEMPER RD	#1711 CINCINNATI	OH	45240	HP	S12422	P	VNY 124
CHAMBERS	DANIELLE C	607 ST. JOSEPH BLVD	BOLCKOW	MO	64427	LP	S23323	P	VNY 233
CHAMPAGNE	LESLIE G	1926 MULLOWNEY LN #48	BILLINGS	MT	59101	LP	S01523	P	VNY 15
CHASE	MICHELLE L	359 9TH AVE W	APT 1 DICKINSON	ND	58601	AF	S01925	F	VNY 19
CHEN	MANDY	303 W GILFORD RD	CARO	MI	48723	HP	S09622	P	VNY 96

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name		Home Address		City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
CHEW	BRIANNA L	528 LAMERS RD		KIMBERLY	WI	54136	LP	S04723	P	VNY	47
CHILDERS	ASHLEE N	3009 HICKORY RIDGE DR		HERRIN IL	IL	62948	HP	S23222	P	VNY	232
CHIOLA	JESSICA M	505 N WOOD THRUSH DR		PEORIA	IL	61604	HP	S20322	P	VNY	203
CHRISTOPHERSEN	BRITTNEY L	108 S HARRISON ST		BRADY	NE	69123	AF	S06925	F	VNY	69
CHUNG	PHUOC H	728 28TH ST NW		FARGO	ND	58102	WF	H26510	F	VNI	265
CIRCLE	TRINITY C	4315 DANE AVENUE		CINCINNATI	OH	45223	LP	S12423	P	VNY	124
CISSELL	DUSTY L	4733 WHITE ST		MISSOULA	MT	59808	HM	S12633	F	VNY	126
CLAPP	KYELE D	8100 JUBILEE RD		LA PORTE CITY	IA	50651	AF	S13025	F	VNY	130
CLARIDGE	REBECCA E	17320 PAVELKA DR		EDEN PRAIRIE	MN	55346	HP	H26605	P	VNI	266
CLARK	KYLEA I	240 SAGE STREET		KIMBERLY	ID	83341	AF	S07225	F	VNY	72
CLARK	AMANDA L	3305 LAFAYETTE RD		EVANS DALE	IA	50707	HM	S13130	F	VNY	131
CLARK	JASMINE D	4359 DAKOTA LN		JOPLIN	MO	64801	HP	S23622	P	VNY	236
CLARKE	MILDRED M	2590 WOODWAY AVE		DAYTON	OH	45406	HP	S11522	P	VNY	115
CLASSEN	AMANDA S	1719 UNIVERSITY DRIVE CIR		KEARNEY	NE	68845	LP	S06623	P	VNY	66
CLAUSING-TOLAR	KELLY A	5937 W BEACON HILL DR		FRANKLIN	WI	53132	LP	S04823	P	VNY	48
CLEARY	ERICA N	62100 BEECH CIR DR	PO BOX 191	CAMBRIDGE	OH	43725	HM	S15230	F	VNY	152
CLEMMER	MCKENZIE P	316 STONEY HILL ROAD		GREENSBORO	PA	15338	HM	S18430	F	VNY	184
CLUBB	JADE C	2634 W FARM ROAD 164		SPRINGFIELD	MO	65807	HP	S23022	P	VNY	230
CLUSIAU	CARRIE B	2618 1ST AVE		HIBBING	MN	55746	HM	S04230	F	VNY	42
CLUTTER	BREANNA L	1601 CANNAL AVE		GRAND JUNCTION	CO	81501	HP	S16722	P	VNY	167
COBB	TANYA L	1310 DALE ST		LONGVIEW	TX	75601	AF	S17925	F	VNY	179
COFFMAN	LARAH A	202 W MCCONNELL STREET		OXFORD	IN	47971	HP	S27222	P	VNY	272
COLE	LAURIE A	4237 MATLOCK RD		BOWLING GREEN	KY	42104	HM	S09230	F	VNY	92
COLEMAN	DENESHA D	4095 EDMAR CT		BELLEVILLE	IL	62226	HP	S14122	P	VNY	141
COLLINS	LAUREN M	2924 7TH AVE N		MOORHEAD	MN	56560	HM	S00526	F	VNY	5
COLLINS	RYAN L	15 ARDEN RD	APT A	ASHEVILLE	NC	28803	AF	S21825	F	VNY	218
COMBE	CARLEE D	1277 E 6600 S		UINTAH	UT	84405	LP	S09423	P	VNY	94
CONNOLLY	SHELBY L	875 EDISON ST		DUBUQUE	IA	52001	LP	S13823	P	VNY	138
CONRAD	KYLIE M	4781 E. BLUELICK RD		LIMA	OH	45801	HP	S11622	P	VNY	116
COOK	PAIGE M	30576 N WALKINGHORSE LN		ATHOL	ID	83801	LP	S01323	P	VNY	13
COOK	CHANCE D	3345 RACQUET DR.		BILLINGS	MT	59102	FR	S01522	P	VNY	15
COOK	KARA B	2049 LEGACY RIDGE VIEW	108	CO SPRINGS	CO	80910	AF	S16425	F	VNY	164
COOK	CARLY J	527 OPAZ PLACE		CLIFTON	CO	81520	HP	S16722	P	VNY	167
COOLEY	SIERRA A	6318 ELLISON AVE		OMAHA	NE	68104	HP	S06122	P	VNY	61
COPE	HANNAH C	3477 LINDENWOOD DR		ERLANGER	KY	41018	LP	S14823	P	VNY	148
CORON	SONYA L	145 GRAND AVE		GRAND JUNCTION	CO	81501	HM	S16730	F	VNY	167
CORRALES	ALEJANDRA R	6030 N THIRD		GARDEN CITY	KS	67846	HP	S25022	P	VNY	250
CORTS	HALEY C	8700 SAN ANITA DR		BOISE	ID	83704	HP	S07422	P	VNY	74
CORY	DOMENICA N	305 FERN AVE	#2201	GARLAND	TX	75040	LP	S17723	P	VNY	177
COSSETTE	DARLA J	46356 POSS BEACH RD		PELICAN RAPIDS	MN	56572	S	H26205	F	VNI	262
COWART	TAYLOR M	2321 KUNNEKE AVE		LIMA	OH	45805	FR	S11622	P	VNY	116
COWLEY	ASHLEY M	506 FALCON DR		BOX ELDER	SD	57719	HP	S01822	P	VNY	18
COX	SOPHIA D	219 ELMA DRIVE		WILLIAMSTOWN	WV	26187	HP	S18322	P	VNY	183

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
CRADDOCK	SARA A	119200 BATTLERIDGE RD	BUTTE	MT	59750	LP	S03523	P	VNY 35
CRAGER	FAITH A	2014 DOUGLAS ST APT 1	ROCKFORD	IL	61103	HP	S14322	P	VNY 143
CRAIG	KALINA M	2220 STRAND	MISSOULA	MT	59801	LP	S12623	P	VNY 126
CRAWFORD	JESSICA A	1931 S CROSBY AVE	JANESVILLE	WI	53546	LP	S04623	P	VNY 46
CREMERS	KAYLA E	1114 17TH ST NW	EAST GRAND FORK	MN	56721	HP	S01222	P	VNY 12
CROCKER	MARISSA C	44691 BARTON ST #2	FT RILEY	KS	66442	LP	S25423	P	VNY 254
CRONEY	MIKAYLA R	2425 NORTH RD	FENTON	MI	48430	HP	S27622	P	VNY 276
CRYSTAL	ASPEN D	211 N 4400 E	RIGBY	ID	83442	LP	S07123	P	VNY 71
CUBBAGE	COURTNEY N	716 MAPLEWOOD CT SW	ALTOONA	IA	50009	LP	S24523	P	VNY 245
CULLIVER	QUIANA L	4005 MIAMI ST	OMAHA	NE	68104	HP	S06122	P	VNY 61
CULLUM	BREYANNE K	1765 HOELSCHER LN	POCAHONTAS	AR	72455	HP	S20922	P	VNY 209
CUMMINGS	ANDREA C	590 S COPUS RD	LIMA	OH	45805	HM	S11630	F	VNY 116
CUNNINGHAM	SHAYLEE M	491 PARADISE VALLEY RD	RIVERTON	WY	82501	LP	S18423	P	VNY 184
CURRY	LACEY M	3330 MILITARY RD	SIOUX CITY	IA	51103	HP	S02822	P	VNY 28
DACEUS	MARANDA L	24907 S RUPP RD	CHENEY	WA	99004	HP	S07522	P	VNY 75
DAHILL	MIKAELA N	437 S. KENILWORTH AVE	LIMA	OH	45805	HP	S11622	P	VNY 116
DALHOE	HALLI J	926 ZEPHYR HILL LANE	EAU CLAIRE	WI	54703	HP	S10422	P	VNY 104
DALING	BRIANNA R	10695 78TH AVE.	ALLENDALE	MI	49401	HP	S08022	P	VNY 80
D'ANGELO	AMELIA R	1859 OLES AVE	POLAND	OH	44514	HP	S11722	P	VNY 117
DANIEL	JENNIFER M	109 FRED W. MOORE HWY	SAINT CLAIR	MI	48079	LP	S22323	P	VNY 223
DANIELS	KATHERINE L	614 DAVIS DRIVE	BRENTWOOD	TN	37027	HP	S08222	P	VNY 82
DANIELS	TRICIA D	1263 BAYSHORE DR	HASLETT	MI	48840	HP	S09622	P	VNY 96
DANIELS	TERESA A	2606 E.FAIR APT 19	GARDEN CITY	KS	67846	HM	S25030	F	VNY 250
DANIELSON	MATRACA R	800 31ST AVE SE LOT 812	MINOT	ND	58701	HP	S02622	P	VNY 26
DARDIO	LAUREN M	706 W. MURPHY ST	LIMA	OH	45801	HP	S11622	P	VNY 116
DAVID	ALADRIAN C	8285 WILLOW BEND DR APT B	BEAUMONT	TX	77707	HP	S17422	P	VNY 174
DAVIDSON-SMITH	CARRY L	PO Box 246	HAWLEY	MN	56549	S	H26807	F	VNI 257
DAVIS	JENNIFER L	1101 NE 7TH AVE	GRAND RAPIDS	MN	55744	HP	S03222	P	VNY 32
DAVIS	SUMMER R	203 S BILLINGS STREET	RILEY	KS	66531	HP	S25422	P	VNY 254
DAVIS	KIRSTEN L	7515 E 1ST DR	RILEY	IN	47871	HP	S27122	P	VNY 271
DAY	DANIELLE M	821 UNITY DR	MANSFIELD	OH	44905	HP	S13622	P	VNY 136
DAY	TIFFANY M	112086 S 4770 RD	MULDROW	OK	74948	HM	S21030	F	VNY 210
DE LA ROSA	SUMMER	618 N BISHOP	SAN ANGELO	TX	76901	HP	S17322	P	VNY 173
DEAN	CEARRA L	3003 RIDGECLIFFE DR	FLINT	MI	48532	LP	S04923	P	VNY 49
DEARDORF	CENDRA L	1719 Ransom Dr	Fort Wayne	IN	46845-1428	LP	S10823	P	VNY 108
DECLERCQ	GRETCHEN N	6088 GREENWYCKE LN	MONROE	MI	48161	LP	S27523	P	VNY 275
DEGROAT	FAITH M	204 ROOSEVELT AVE	DETROIT LAKES	MN	56501	HP	S02222	P	VNY 22
DEGROAT	MACY R	9108 BOOMERSHINE RD.	GERMANTOWN	OH	45327	HP	S11522	P	VNY 115
DeMars	Brittany A	702 4th St SE	Barnesville	MN	56514	HP	H26605	P	VNI 266
DENNEY	ALICIA E	504 BARNETT DRIVE	CEDAR FALLS	IA	50613	DM	H26406	F	VNI 264
DENTINO	BRYANNA R	77 ARBORWAY LN	ROCHESTER	NY	14612	HP	S18522	P	VNY 185
DENTZ	KATHERINE A	6659 COUNTY ROAD 1	RAYLAND	OH	43943	HP	S10022	P	VNY 100
DESJARLAIS	TAYLA D	618 PIONEER CT	MISSOULA	MT	59801	HP	S12622	P	VNY 126

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name		Home Address		City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
DEThERAGE	JAMES C	2624 BROWN DEER TRAIL		PLANO	TX	75023	DM	H26406	F	VNI	264
DEVIGILI	TAYLOR R	1324 PINE STREET		PORT HURON	MI	48060	HP	S22322	P	VNY	223
DEVOOGHT	CHELSEA L	830 BONHOMME COURT		PORT HURON	MI	48060	HM	S22330	F	VNY	223
DEWALD-STOCKERT	ALEXIS J	3751 FOXHAVEN LOOP		BISMARCK	ND	58503	HP	S00422	P	VNY	4
DEWALL	BRITTANY A	1329 5th St NW		WEST FARGO	ND	58078	S	H26807	F	VNI	268
DEWALT	ALEXIS E	340 CAYUSE CREEK DRIVE		KIMBERLY	ID	83341	HP	S07222	P	VNY	72
DIAZ RIVERA	LEZLY C	4218 HILLSIDE DR		LAFAYETTE	IN	47909	LP	S27223	P	VNY	272
DIEGO	ERIKA M	2955 W 400 N	APT 1108	LAYTON	UT	84041	AF	S09425	F	VNY	94
DIENERT	TAYLOR P	4615 CHAMBERLAIN PL		BISMARCK	ND	58503	HP	S00422	P	VNY	4
DIETZEL-GOLDTHORPE	BROOKLYN J	3706 MORGAN RD		CUBA CITY	WI	53807	HP	S13822	P	VNY	138
DINOVO	BRITTNEY L	1422 S 74TH PLAZA		OMAHA	NE	68124	LP	S06123	P	VNY	61
DITTMAN	ASHLY A	3400 EAST BAHNSON CIRCLE		SIOUX FALLS	SD	57103	HM	S01130	F	VNY	11
DIXON	TAMMY L	5245 PHEASANT RUN DR APT4		SAGINAW	MI	48638	AF	S08425	F	VNY	84
DIXON	BAILEY A	1650 MOWRY SQ	APT 228	RICHLAND	WA	99354	HP	S16322	P	VNY	163
DOBBS	MARY R	1611 CLAYDELL		ST. PETERS	MO	63376	AF	S23425	F	VNY	234
DOBMEIER	SUSAN M	100 3 St N #102		MOORHEAD	MN	56560	HP	H26511	P	VNI	265
DOBOSZ	BRYNNEN R	2201 GREEN VALLEY RD		SAINT JOSEPH	MO	64505	HP	S23322	P	VNY	233
DOCKERY	DANIELLE K	736 10 MILE RD		CASCADE	MT	59421	LP	S03623	P	VNY	36
DODD	JAZMENE L	1540 NEW LASCASSAS HWY	APT 414 D	MURFREESBORO	TN	37130	LP	S08223	P	VNY	82
DODD	SUMMER S	1005 N 28TH ST		VAN BUREN	AR	72956	LP	S21023	P	VNY	210
DOKKEBAKKEN	JORDAN P	310 N 9TH ST		KERKHOVEN	MN	56252	LP	S01023	P	VNY	10
DOLEZAL	BETHANY F	501 EAST 16 STREET		LEZINGTON	NE	68850	HP	S06622	P	VNY	66
DOMINGUEZ	KYLA M	5218 90TH		LUBBOCK	TX	79424	HP	S17022	P	VNY	170
DOMINGUEZ	COURTNEY S	1609 N GRANT		RUSSELL	KS	67665	HP	S21422	P	VNY	214
DOMINQUEZ	KIERRA A	5218 90TH		LUBBOCK	TX	79424	HP	S17022	P	VNY	170
DONAHUE	NICOLLE B	411CHESTNUT ST.		TERRE HAUTE	IN	47809	HP	S27122	P	VNY	271
DONNELLY	KAMBRIA K	3081 GREEN MEADOW DR.	APT. 5	APPLETON	WI	54914	LP	S04723	P	VNY	47
DONOHUE	JENNA M	5625 COTTONWOOD COURT		SHOREVIEW	MN	55126	LP	S02723	P	VNY	27
DORAN	NATALIE M	1413 Marlane Dr		Girard	OH	44420-1445	HM	S11730	F	VNY	117
DOUGHERTY	ALLISON L	201 KIRBY STREET		RIDGEWAY	WI	53582	HP	S09822	P	VNY	98
DOUGLASS	ALEXA R	216 N 5TH ST		PIERCE	NE	68767	HP	S06822	P	VNY	68
DOVE	AKIRRA S	11441 FOLKSTONE DR		FOREST PARK	OH	45240	HP	S12422	P	VNY	124
DOWNER	SIMONE R	15445 25TH ST SE		AMENIA	ND	58004	S	H26305	F	VNI	263
DOWNS	JAYLA A	94 MICHIGAN STREET		MOUNT CLEMENS	MI	48043	HP	S14522	P	VNY	145
DREES	KIRSTEN L	5674 83RD ST S		GRAND FORKS	ND	58201	AF	S00325	F	VNY	3
DROBNY	ALEISHA L	14784 373 AVE		MANSFIELD	SD	57460	AF	S11125	F	VNY	111
DUBS	BRENT R	835 17TH AVE W		WEST FARGO	ND	58078	S	H26305	F	VNI	263
DUELAND	SAMANTHA J	22114 W CORRECTION LINE D		HERSHEY	NE	69143	HP	S06922	P	VNY	69
DUEY	NICOLE M	932 W 24TH ST	APT 2	KEARNEY	NE	68845	LP	S06623	P	VNY	66
DUGAN	EMILY A	6811-4 MEADE LOOP		FT RILEY	KS	66442	HM	S25430	F	VNY	254
DULEY	AMIJO M	920 RACE STREET		PARKERSBURG	WV	26101	LP	S18323	P	VNY	183
DUNCAN	BECCA R	553 JUNIPER ROAD		PILOT MOUND	IA	50223	HP	S13322	P	VNY	133
DUONG	KRISCINA T	8006 BACH DR.		INDIANAPOLIS	IN	46239	HP	S11222	P	VNY	112

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
DUOSS	ABIGAIL S	907 SUNSET DR	MILTON	WI	53563	HP	S04622	P	VNY 46
EBEL	SHARON	348 MAPLEPOINTE BLVD	MAPLETON	ND	58059	HP	H26511	P	VNI 265
ECKDAHL	REBECCA A	30585 OLSON ST. APT.234	PEQUOT LAKES	MN	56472	AF	S00825	F	VNY 8
ECKHARDT	AMANDA L	6208 COG HILL LN	RAPID CITY	SD	57702	HM	S01830	F	VNY 18
ECKWALL	RACHEL E	328 NORTH ST.	OTTUMWA	IA	52501	LP	S24422	P	VNY 244
EDGEWORTH	ANDREA A	PO BOX 74	FREEPORT	OH	43973	HM	S10030	F	VNY 100
EDMAN	LINDSEY A	930 16TH STREET NE	WILLMAR	MN	56201	AF	S01025	F	VNY 10
EDMONDS	ASHLEY M	9456 CASH EL DRIVE EAST	PEOSTA	IA	52068	HP	S13822	P	VNY 138
EGBERT	BRITTANI A	989 W 4000 S	PRESTON	ID	83263	HM	S07030	F	VNY 70
EHLEN	HILLARY L	654 4TH AVE N APT 300	FARGO	ND	58102	HP	H26605	P	VNI 266
EHRET	CARLY R	402 N LINCOLN ST	NEW SHARON	IA	50207	HP	S13722	P	VNY 137
EHRICH	BRITTANY A	4314 A BROWN STATION RD	COLUMBIA	MO	65202	HM	S23230	F	VNY 232
EILER	ELIZABETH A	6152 16TH ST S	FARGO	ND	58104	HF	H26905	F	VNI 269
ELLIN	RAVEN A	436 N BARSTOW ST	EAU CLAIRE	WI	54703	FR	S10422	P	VNY 104
ELLIOTT	TONI R	5141 PINEDALE HIGHTS	RAPID CITY	SD	57702	HP	S01822	P	VNY 18
ELLIS	ELIZABETH D	623 WEST FIR AVE APT 208	FERGUS FALLS	MN	56537	HM	S00730	F	VNY 7
ELLISON	ASHLYNN M	667 LANDOLAKES CIRCLE	BELLEVILLE	IL	62220	HP	S14122	P	VNY 141
ELSNER	NICHOLE J	3301 HARVEST HILLS AVE APT 313	WILLISTON	ND	58801	LP	S02023	P	VNY 20
EMMERT	TRINITY L	5707 CLARK BLVD	DES MOINES	IA	50311	HP	S24522	P	VNY 245
ENDERS	KATIE V	3631 MERAMEC STREET	ST LOUIS	MO	63116	LP	S23523	P	VNY 235
ENDRES	KATIE K	1055 13TH ST NE	WATERTOWN	SD	57201	HP	S02522	P	VNY 25
ENGEL	HANNAH E	604 BERNARD DR	BELLEVILLE	IL	62223	HM	S14130	F	VNY 141
ENGLAND	KATHERINE R	1311 WEST MILIEU DRIVE	BLOOMINGTON	IN	47403	LP	S10923	P	VNY 109
ENNEN	CALSI R	621 42ND ST E APT 838	WILLISTON	ND	58801	LP	S02023	P	VNY 20
ENRIQUEZ	AMBER A	2906 S BROWNING	AMARILLO	TX	79103	LP	S17123	P	VNY 171
ENRIQUEZ CATANO	PAMELA K	50 GAGE ST	PONTIAC	MI	48342	HP	S04922	P	VNY 49
EPP	KELSEY E	1601 CEDARBERRY RD	NORTH PLATTE	NE	69101	HP	S06922	P	VNY 69
ESCOBEDO	JUANITA G	1621 5TH ST N	FARGO	ND	58102	HP	S29722	P	VNY 297
EUBANK	KIMBERLY A	P.O BOX 158	AIRWAY HEIGHTS	WA	99001	LP	S07623	P	VNY 76
EVANS	HEATHER K	58 Ashton Dr	Ashville	OH	43103-1302	DM	H26406	F	VNI 264
EVANS	ASHLEY N	1260 KENILWOOD WAY APT 1	BOWLING GREEN	KY	42104	LP	S09223	P	VNY 92
EVENSON	ALEXANDRA L	431 EASTERN AVE	BROOTEN	MN	56316	LP	S03123	P	VNY 31
EXETER	BRITTNEY D	1730 W QUINN TRLR 416	POCATELLO	ID	83201	LP	S07023	P	VNY 70
FARABEE	GABRIEL M	715 IOWA PO BOX 57	ENID	OK	73738	AF	S19025	F	VNY 190
FARLOW	JOHNNA R	725 11TH ST	BUTTE	MT	59701	HM	S03530	F	VNY 35
FEEDBACK	KRISTEN A	161 INDIAN PAINTBRUSH	CASPER	WY	82604	HP	S12822	P	VNY 128
FERGUSON	HOLLY S	12 WEST 35TH ST.	SCOTTSBLUFF	NE	69361	LP	S06723	P	VNY 67
FERGUSON	KAYTLYN D	39 CR 134	JONESBORO	AR	72416	HP	S20922	P	VNY 209
FERREIRA	JENNA L	15821 E 4TH AVE APT B206	SPOKANE VALLEY	WA	99037	HP	S07622	P	VNY 76
FESER	KALEY M	1917 N 17TH ST	FORT DODGE	IA	50501	HP	S13222	P	VNY 132
FIANCE	JESSICA L	2316 TALLGRASS DR	MARION	IA	52302	HP	S13722	P	VNY 137
FIELD	LISA R	720E.COURT ST.UNIT 32	PARIS	IL	61944	AF	S27125	F	VNY 271
FIGUEROA	JESSICA L	168 LONG ISLAND DRIVE	TWIN FALLS	ID	83301	HP	S07222	P	VNY 72

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
FIGY	SAVANNAH L	4513 MANDRAKE RD	MADISON	WI	53704	HP	S09822	P	VNY 98
FINCH	AMANDA S	2195 BITTERROOT DRIVE	TWIN FALLS	ID	83301	HM	S07230	F	VNY 72
FINDLEY	MICHELLE D	497 EAGLE RD	SAINT LIBORY	NE	68872	HP	S06522	P	VNY 65
FINK	ZAVANNAH L	2902 N 15TH ST	COEUR D' ALENE	ID	83815	HP	S01322	P	VNY 13
FINLEY	RENAE D	2820 N CHERRY ST J301	SPOKANE VALLEY	WA	99216	LP	S07623	P	VNY 76
FINLEY	KAYLA J	1231 N SCHOOL STREET	AUBURN	KS	66402	HP	S25522	P	VNY 255
FINNEY	TAYLOR N	217 NOTTINGHAM TRL	SAN ANGELO	TX	76901	HP	S17322	P	VNY 173
FITZ	SYDNEY R	457 BONIFIELD CT.	ZANESVILLE	OH	43701	HP	S15222	P	VNY 152
FLAX	KATLYN R	125 SHAWNEE RD. APT 2	MINOT AFB	ND	58704	AF	S02625	F	VNY 26
FLOCK	SAVANNA S	434 E FAIRMONT BLVD	RAPID CITY	SD	57701	LP	S01823	P	VNY 18
FLORES	TIANA M	1163 AMOS ST	PONTIAC	MI	48342	HP	S04922	P	VNY 49
FOLKER	ASHLEY A	9500 W. CONCORDIA AVE.	MILWAUKEE	WI	53222	HP	S20722	P	VNY 207
FOLKER	TAMI E	9500 W CONCORDIA AVE	MILWAUKEE	WI	53222	LP	S20723	P	VNY 207
FONTENOT	KATELYN N	2565 25TH AVE	MARION	IA	52302	HP	S13722	P	VNY 137
FORD	MARY R	431 GARDEN DR	JOHNSON CITY	TN	37604	HP	S08122	P	VNY 81
FORD	EMMA G	3909 W ROANOKE ST	BROKEN ARROW	OK	74011	LP	S19923	P	VNY 199
FORD	KARA A	314 W STRAWN AVE	JONESBORO	AR	72401	HM	S20930	F	VNY 209
FORT	JACOB M	13088 MEREDITH DRIVE	BAXTER	MN	56425	HP	S00822	P	VNY 8
FORT	CLAIRE E	472 S HOOK CT	PUEBLO WEST	CO	81007	LP	S16523	P	VNY 165
FOSS	VICTORIA L	815 6TH AVE NE	BRAINERD	MN	56401	HM	S00830	F	VNY 8
FOSTER	MAKAYLA M	24391 CT RD 53	KERSEY	CO	80644	LP	S16623	P	VNY 166
FOUCE	MIKALLA J	1150 S CLARIZZ BLVD	BLOOMINGTON	IN	47401	HP	S10922	P	VNY 109
FOUST	DANIELLE M	415 WOODLAKE DR	GREENSBORO	NC	27406	HP	S21722	P	VNY 217
FOX	JESSIE L	609 E COLUMBUS ST	MARTINSVILLE	IN	46151	LP	S10923	P	VNY 109
FRANCIS	JULIE L	1667 SORGHUM RIDGE ROAD	WHEELING	WV	26003	HP	S10022	P	VNY 100
FRANKE	AMBER D	1211 SOUTH MCHENRY ST	INDEPENDENCE	MO	64057	HM	S05430	F	VNY 54
FRANKLIN	JENNY L	906 RUMLEY RUN	DE FOREST	WI	53532	DM	H26406	F	VNI 264
FREDERICK	BROOKE K	3112 AVE. H	KEARNEY	NE	68847	HP	S06622	P	VNY 66
FREDRICKSON	JACLYN R	927 E 8TH ST	DULUTH	MN	55805	AF	S00225	F	VNY 2
FREEMAN	KATHERINE E	251 S GERSAM AVE	HAMILTON	OH	45013	HP	S12422	P	VNY 124
FREIBERG	ANNA M	9031 KIMBALL AVE NW	ANNANDALE	MN	55302	LP	S02723	P	VNY 27
FRENCH	JAMES A	3172 N HONEYSUCKLE DR	COEUR D' ALENE	ID	83815	HP	S01322	P	VNY 13
FREY	KRISTIN L	217 MINER	WINSIDE	NE	68790	HP	S06822	P	VNY 68
FRIEZ	COLLETTE R	2220 WEST MAIN #105	BOZEMAN	MT	59718	HM	S01630	F	VNY 16
FRY	MARGARET T	2780 BEACH ROAD APT 10	PORT HURON	MI	48060	HP	S22322	P	VNY 223
FRYMAN	ANGEL S	706 SW FRONT	WALNUT RIDGE	AR	72476	HP	S20922	P	VNY 209
FULLER	SHELBY M	670 WEST MARKET STREET	SPRINGBORO	OH	45066	LP	S11523	P	VNY 115
FULLER	MADISON M	111 CHAPMAN DR	ASHEVILLE	NC	28805	HP	S21822	P	VNY 218
FUNKE	BAILEY A	4679 CALISTOGA LANE	MISSOULA	MT	59808	HP	S12622	P	VNY 126
FUQUA	LINDSEY N	11826 COLEMAN POBOX 461	CARLSBAD	TX	76934	LP	S17323	P	VNY 173
FURNISS	MATTIE M	2166 TASMAN AVE	IDAHO FALLS	ID	83404	LP	S07123	P	VNY 71
FURR	ALYSSA D	116 ASHLEY LN	KING	NC	27021	HP	S21922	P	VNY 219
GADBERRY	AUTUMN M	759 S FORT AVE	SPRINGFIELD	MO	65806	HP	S23022	P	VNY 230

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
GAGE	NICHOLE L	3008 S. 121ST E. AVE	TULSA	OK	74129	LP	S19923	P	VNY 199
GALLEGOS	KAREN J	304 N 12TH ST #2	NORFOLK	NE	68701	HM	S06830	F	VNY 68
GARCIA	DESERA E V	2004 N. WHEELER APT 3F	GRAND ISLAND	NE	68801	HP	S06522	P	VNY 65
GARCIA	TAMIKA L	3400 CODY AVE	EVANS	CO	80620	HP	S16622	P	VNY 166
GARCIA	DANIELLE C	1305 BERTHA	SAN ANGELO	TX	76904	HP	S17322	P	VNY 173
GARCIA	KELLY L	2802 SOUTHRIDGE DR	SACHSE	TX	75048	HP	S17722	P	VNY 177
GARDNER	FAITH D	4917 THISTLE DR. APT 407	TYLER	TX	75703	LP	S17823	P	VNY 178
GARDUNO	KRISTEN N	4751 EAGLERIDGE CIR 208	PUEBLO	CO	81008	LP	S16423	P	VNY 164
GASKELL KIRSCHENHEIT	TATUM R	1960 MULLAN TRAIL	MISSOULA	MT	59808	HP	S12622	P	VNY 126
GATHERIDGE	NATASHA M	4234 9TH AVE CIRCLE S #34	FARGO	ND	58103	LP	S00523	P	VNY 5
GAULRAPP	KELSEY A	1518 S DAKOTA ST	ABERDEEN	SD	57401	HP	S11122	P	VNY 111
GAUTHIER	CHANTELLE M	38952 ARLINGDALE	STERLING HEIGHT	MI	48310	AF	S14525	F	VNY 145
GAVORCIK	HEIDI M	49300 HARRISVILLE CEM RD	CADIZ	OH	43907	AF	S10025	F	VNY 100
GERGEN	GILLIAN E	2679 DAKOTA AVE	JANESVILLE	IA	50647	HP	S13022	P	VNY 130
GERTKEN	KALEY E	216 PLEASANT RIDGE DR	SAUK RAPIDS	MN	56379	HP	S02722	P	VNY 27
GERVING	REANNA D	401 WEST ASH AVENUE	FRAZEE	MN	56544	HP	S02222	P	VNY 22
GESSLER	LAUREN E	2777 47TH ST S #115	FARGO	ND	58104	S	H26807	F	VNI 268
GIACAZ	CHEZIRAE B	110C WESTVIEW COMMONS BLD	ROCHESTER	NY	14626	LP	S18523	P	VNY 185
GIBSON	ADDISYN H	5615 TOPEKA DR	PASCO	WA	99301	LP	S16323	P	VNY 163
GIDEON	ALLY J	4248 R57 HWY	NORWALK	IA	50211	HP	S07322	P	VNY 73
GIESEY	MICHAELA M	1613 NASH ST	GARLAND	TX	75042	HP	S17722	P	VNY 177
GILBERT-DIXON	DESIRAE S	546 JAMES ST	TURTLE CREEK	PA	15145	AF	S18125	F	VNY 181
GILES	SYDNEY R	4899 WEST OLD US 40	WEST TERRE HAUT	IN	47885	HP	S27122	P	VNY 271
GILL	MARY C	1709 LAFAYETTE AVE	TERRE HAUTE	IN	47804	HP	S27122	P	VNY 271
GILLUND	BRIANA L	112 9TH AVE	ENDERLIN	ND	58027	HF	H26807	F	VNI 268
GIROUX	BRITANA R	1325 27TH ST SE LOT 606	MINOT	ND	58701	LP	S02623	P	VNY 26
GLAZE	ANGELENA M	3414 APPALOOSA DRIVE	NORTH PLATTE	NE	69101	HP	S06922	P	VNY 69
GODE	JENNIFER S	715 6TH STREET PO BOX 23	HAWLEY	MN	56549	S	H26708	F	VNI 267
GOGGINS	CHRISTINA A	2419 S 93RD ST	WEST ALLIS	WI	53227	HM	S04830	F	VNY 48
GOINS	COURTNEY M	972HOLDERNESS LANE	CINCINNATI	OH	45240	HP	S12422	P	VNY 124
GOLDEN	VICTORIA D	4321 MCCULLOCH ST	DULUTH	MN	55804	HP	S00222	P	VNY 2
GONZALES	MIRANDA G	8217 AVE U APT 7108	LUBBOCK	TX	79423	HP	S17022	P	VNY 170
GONZALES	TALENA I	4600 PALUXY DR. APT 2032	TYLER	TX	75703	HP	S17822	P	VNY 178
GONZALES MUNOZ	NORMA	790 SCOTTWOOD ST	PONTIAC	MI	48340	HP	S08422	P	VNY 84
GONZALEZ-ARAUJO	ROCIO	40 NORTHWOOD DR.	FORT SMITH	AR	72904	LP	S21023	P	VNY 210
GOODRICH	DENEEN M	8 CHAUTARD CT	PUEBLO	CO	81005	HP	S16522	P	VNY 165
GORDE	MARK A	663 WYNDEMERE DRIVE	WEST FARGO	ND	58078	S	H26305	F	VNI 263
GORDON	MALEIGHA R	383 TAYLOR RD	MANSFIELD	OH	44903	AF	S13625	F	VNY 136
GOUKER	NICOLE O	126 BROADWAY ST	SOUTH HEART	ND	58655	LP	S01923	P	VNY 19
GRACEY	HALLE J	2019 SWAN DR	NORWALK	IA	50211	HP	S07322	P	VNY 73
GRAF	NICOLE R	1621 E ROELAND AVE Unit 8	APPLETON	WI	54915	LP	S04723	P	VNY 47
GRAHAM	SHANIA R	5018 N SMITH ST	SPOKANE	WA	99217	HP	S07522	P	VNY 75
GRAHAM	MCKENZIE R	1900 BARRET ST	BURLINGTON	IA	52601	HP	S13922	P	VNY 139

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
GRANT	ASHLI M	814 42ND ST E	#207	WILLISTON	ND	58801	LP	S02023	P VNY 20
GRANT	LINDSEY M	2525 32ND ST S		FARGO	ND	58103	HF	S29722	F VNY 297
GRAVEEN	RACHEL R	813 LEWIS PL		ST CLOUD	MN	56301	HP	S02722	P VNY 27
GRAY	LAUREN E	4675 N BAYMID COUNTY LINE		MIDLAND	MI	48642	HP	S27722	P VNY 277
GREEN	CHRISTINA L	990 W COUNTRY CLUB RD		CANYON	TX	79015	HP	S17122	P VNY 171
GREEN	STACY M	1082 UTZ LN		HAZELWOOD	MO	63042	HM	S23430	F VNY 234
GREGERSON	ERICKA C	3009 E 20TH STREET		SIOUX FALLS	SD	57103	HP	S01122	P VNY 11
GRIFFIN	KLAIRE B	9895 CHERRY ST		LUMBERTON	TX	77657	HP	S17422	P VNY 174
GRIMES	MAKAYLA B	906 W WATAUGA AVE	APT 314	JOHNSON CITY	TN	37604	LP	S08123	P VNY 81
GRINSTEAD	CARLY J	1001 65TH ST NW		MINOT	ND	58703	HP	S02622	P VNY 26
GROSKOPF	ELIZABETH E	2810 AVENUE F		SCOTTSBLUFF	NE	69361	HP	S06722	P VNY 67
GROTH	ABIGAIL M	5208 S SWEETBRIAR CIRCLE		SIOUX FALLS	SD	57108	HP	S01122	P VNY 11
GUMM	JACQUELINE L	3901 EAST HAVERILL		ST JOSEPH	MO	64506	AF	S23325	F VNY 233
GUNN	ALLYSON N	156 GIBSON AVE		MANSFIELD	OH	44907	LP	S13623	P VNY 136
GUSTAFSON	PHOEBE E	724 JAQUE LANE		BILLINGS	MT	59105	HP	S01522	P VNY 15
GUSTAFSON	DARIEN M	16118 COTTONWOOD ST		OMAHA	NE	68136	LP	S22123	P VNY 221
GUTHRIE	LISA N	343 HILLGATE		LAYTON	UT	84041	HM	S09430	F VNY 94
GUTIERREZ MARTINEZ	JESSIE M	7988 GLADYS #5		BEAUMONT	TX	77706	AF	S17425	F VNY 174
GUZMAN	SABRINA A	309 N CLINTON B		LUBBOCK	TX	79416	HP	S17022	P VNY 170
HAANEN	REBECCA L	712 BLUFF ST		GRACEVILLE	MN	56240	HP	H26205	P VNI 262
HACKER	ANDREA L	2102 1/2 W 39TH ST #2		KEARNEY	NE	68845	HM	S06630	F VNY 66
HACKETT	LINDSAY N	3703 E. GOLDSTONE DR		IDAHO FALLS	ID	83401	HM	S07130	F VNY 71
HAGEN	SYDNEY J	2406 COOLDIGE AVE		BISMARCK	ND	58501	HP	S00422	P VNY 4
HAGFORS	KAYLA A	16853 170TH ST S		BARNESVILLE	MN	56514	S	H26205	F VNI 262
HAHN	JANET	745 14TH AVE W		WEST FARGO	ND	58078	HF	H26205	F VNI 262
HALE	JONATHAN A	2156 SHENANDOAH DR		GRAND JUNCTION	CO	81507	LP	S16723	P VNY 167
HALL	STEPHANIE J	1039 GRAND AVE UNIT A		GRAND JUNCTION	CO	81501	HP	S16722	P VNY 167
HALOWELL	TAYLOR D	185 ROCHE WAY		BOARDMAN	OH	44512	HP	S11722	P VNY 117
HALVORSEN	ASHLYN M	1502 S. ELLIS APT. 59		WEBB CITY	MO	64870	HP	S23622	P VNY 236
HAMMERSCHMIDT	AMY S	1710 SUNSET TRAIL APT A		HAYS	KS	67601	HM	S21430	F VNY 214
HAMPTON	VALERIE M	1124 N 5TH ST		MANKATO	MN	56001	HP	S01222	P VNY 12
HAMPTON	DOMINIQUE N	17149 DALWORTH ST		MACOMB	MI	48044	HP	S14522	P VNY 145
HANCHETT	DARCY A	201 AVE E		BILLINGS	MT	59101	LP	S01523	P VNY 15
HANEK	MEGAN J	18779 EVEREST PATH		FARMINGTON	MN	55024	HP	S21322	P VNY 213
HANNINEN	MERCEDES A	904 N 5TH ST		MANKATO	MN	56001	HP	S01222	P VNY 12
HANSEN	LACIE F	3501 10TH ST S		FARGO	ND	58104	S	H26807	F VNI 268
HANSEN	EMILY R	14171 KRYPTON ST NW		RAMSEY	MN	55303	AF	S21225	F VNY 212
HANSHAW	MEGAN D	2602 SHUMWAY ST		CASPER	WY	82601	LP	S12823	P VNY 128
HARDEN	CHEYANNE M	4319 WILLIAM AVE		CELINA	OH	45822	LP	S11023	P VNY 110
HARDING	EMILY E	2444 WILLOW BROOK DR		ASBURY	IA	52002	LP	S13823	P VNY 138
HARGRAVE	CHARLEY J	1725 KENT DRIVE		WEBB CITY	MO	64870	HP	S23622	P VNY 236
HAROUFF	OLIVIA J	84 MASON STREET	APT 16	MORGANTOWN	WV	26505	HP	S18422	P VNY 184
HARPER	JENNIFER L	167 SUMMIT AVE		LORETTO	MN	55357	HM	S02730	F VNY 27

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
HARPER	TAEOR S	1630 TOWNE DRIVE APT 1H	COLUMBIA	MO	65202	LP	S23223	P	VNY 232
HARRELL	TAYLOR M	2001 ROCKCREEK DRIVE	BOWLING GREEN	KY	42101	AF	S09225	F	VNY 92
HARRIGER	KYLEIGH J	1727 UNIVERSITY DRIVE CR APT. 5	KEARNEY	NE	68845	AF	S06625	F	VNY 66
HARRINGTON	REESE E	501 S PROSPERITY	JOPLIN	MO	64801	HP	S23622	P	VNY 236
HARRIS	CHATEAU R	1823 SPENCER ST.	OMAHA	NE	68110	LP	S06123	P	VNY 61
HARRIS	MEGAN A	7950 MENTOR AVE G12	MENTOR	OH	44060	LP	S09023	P	VNY 90
HARRIS	FELICIA L	705 E. BEACON STREET	PEORIA	IL	61603	LP	S20323	P	VNY 203
HARRIS	MCKENYA C	4006 MASSEY WOOD TRL	RALEIGH	NC	27616	HP	S21922	P	VNY 219
HART	DANIELLE	53754 859 RD	PLAINVIEW	NE	68769	LP	S06823	P	VNY 68
HARTILL	SHAYLA J	1227 MAPLE STREET	NAMPA	ID	83686	HP	S07422	P	VNY 74
HASENYAGER	HAILEY N	4370 S FRUITHILL PL	BOISE	ID	83709	HP	S07422	P	VNY 74
HATTON	EMILY S	305 LAUREL AVE	HAMILTON	OH	45015	LP	S12423	P	VNY 124
HAVENER	CASSANDRA D	2429 JOHNNYCAKE HILL RD	HAMILTON	NY	13346	HP	S18522	P	VNY 185
HAVIG	MAURA R	3267 5th Ave N	Moorhead	MN	56560	HF	H26605	F	VNI 266
HAWKINS	LA'MARRIA W	689 W VINE ST	MONDOVI	WI	54755	HP	S10422	P	VNY 104
HAYES	MAKAYLLA C	1805 TIFFANY DR	IDAHO FALLS	ID	83404	HP	S07122	P	VNY 71
HEATH	JACQUELINE N	2808 JACOBS PLACE APT 1E	COLUMBIA	MO	65201	LP	S23223	P	VNY 232
HEATON	COURTNEY M	1604 ARMY POST RD	DES MOINES	IA	50315	AF	S07325	F	VNY 73
HEATON	COURTNEY M	1604 ARMY POST RD	DES MOINES	IA	50315	AF	S24525	F	VNY 245
HECKENLAIBLE	KACEY S	435 E CENTENNIAL ST	RAPID CITY	SD	57701	HP	S01822	P	VNY 18
HEDGES	ANDREW P	1240 S Birch St Apt 311	Denver	CO	80246-7825	DM	H26406	F	VNI 264
HEHR	CHELSEA R	629 EL TORA CV S	FARGO	ND	58103	HF	S29722	F	VNY 297
HEIKENS	RHIANNAN J	1220 FIRST AVE GMU #550	CEDAR RAPIDS	IA	50325	AF	S13725	F	VNY 137
HEIKKINEN	CASSANDRA M	161 LITTLE BASIN CREEK RD PO BOX 3293	BUTTE	MT	59701	HP	S03522	P	VNY 35
HEIMBACH	BAILEE A	1144 CASE CT	BOX ELDER	SD	57719	LP	S01823	P	VNY 18
HEINECKE	OLIVIA L	8231 COLUMBUS ROAD	FOWLER	IL	62338	HP	S14722	P	VNY 147
HELMICK	DANIELLE B	1294 BLUEFIELD AVE	ELIZABETHTON	TN	37643	HP	S08122	P	VNY 81
HELSEL	ALICIA E	2354 CANTER LN # E	GREEN BAY	WI	54304	LP	S10623	P	VNY 106
HENDERSHOT	LINDSEY M	4727 ARBOR CROSSING APT 302	ALEXANDRIA	MN	56308	HP	S03122	P	VNY 31
HENKEL	LARKIN A	924 NORTH 5TH STREET	COEUR D'ALENE	ID	83814	AF	S07625	F	VNY 76
HENTRICH	BROOKE L	4253 CHIPPEWA TR.	JAMESTOWN	OH	45335	HP	S11422	P	VNY 114
HERNANDEZ	KORI B	918 N MADISON	SAN ANGELO	TX	76901	HM	S17330	F	VNY 173
HERNANDEZ	SAMANTHA F	525 E THORNTON AVE APT #2	HEMET	CA	92543	FR	S29722	P	VNY 297
HERNANDEZ BOURGEOIS	RAQUEL	2001 WEST 13TH STREET	NORTH PLATTE	NE	69101	HP	S06922	P	VNY 69
HERNANDEZ PEDRAZA	CLAUDIA P	1017 1ST STREET	GIBBON	NE	68840	HP	S06622	P	VNY 66
HERRERA	ALEXANDRIA H	3431 GRINNELL APT B	LUBBOCK	TX	79415	HP	S17022	P	VNY 170
HEYBOER	CAITLYNN R	2226 OLDE FARM DR	JENISON	MI	49486	HP	S08022	P	VNY 80
HIBLER	AGAPE T	9162 E LATIMER PL	TULSA	OK	74115	HP	S19922	P	VNY 199
HICKMAN	MADISON R	1503 WINDSWEPT DR	GREENWOOD	IN	46143	HP	S11222	P	VNY 112
HILES	KERA M	1184 LUCAS RD	MANSFIELD	OH	44905	HP	S13622	P	VNY 136
HILL	FAITH M	1710 S 12TH AVE	OZARK	MO	65721	HP	S23022	P	VNY 230
HILSENKOPF	ERIN N	1714 N SUMMER HILLS CT	POSTFALLS	ID	83854	AF	S01325	F	VNY 13
HILSINGER	KIARRA M	2349 CO ROAD 9	LYONS	NE	68038	HP	S02822	P	VNY 28

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name		Home Address		City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
HILTON	KATIE	1420 EASTGATEWAY CIRCLE	#104	FARGO	ND	58103	S	H25907	F	VNI	259
HINRICKSON	MISTI E	11488 STATE HWY 141		MAPLETON	IA	51034	HM	S02830	F	VNY	28
HINSON	TAYLOR M	1118 S. 11TH ST		TERRE HAUTE	IN	47803	LP	S27123	P	VNY	271
HIRAI	NATASHA M	7608 ESTEVAN DR		PASCO	WA	99301	LP	S16323	P	VNY	163
HO	DIEM T	723 COUNTRYSIDE CT		FARGO	ND	58103	WF	H26511	F	VNI	265
HOABY NELSON	BRIANA M	1052 3RD ST N		CASSELTON	ND	58012	HF	H26605	F	VNI	266
HOCKETT	ASHLEY D	3030 W 4TH E 202		KENNWICK	WA	99336	AF	S16325	F	VNY	163
HOERNER	KATELYN R	1142 15TH AVE W		DICKINSON	ND	58601	HP	S01922	P	VNY	19
HOFFMAN	CHRISTINE N	516 VIVIAN ST.	P.O. BOX 133	SEVERANCE	CO	80546	AF	S16625	F	VNY	166
HOFFMAN	KAGEN M	2425 E 11TH ST		JOPLIN	MO	64801	HP	S23622	P	VNY	236
HOFFMANN	ALISSA S	55140 851 RD		PIERCE	NE	68767	LP	S06823	P	VNY	68
HOIUM	HANNA E	16348 455TH AVE		WATERTOWN	SD	57201	LP	S02523	P	VNY	25
HOLDEN	CHRISTINE M	4242 9th Ave Cir S Apt #15		FARGO	ND	58103	WF	H26511	F	VNI	265
HOLLIDAY	ANNIKKI	1905 MILLER ST	APT 26	LA CROSSE	WI	54601	LP	S10523	P	VNY	105
HOLMQUIST	JERI E	111 MAIN ST WEST	PO BOX 144	EAGLE BEND	MN	56446	AF	S03125	F	VNY	31
HOLT	CASSIDY L	3100 McCann Rd Apt 3104		Longview	TX	75605-7836	HM	S17930	F	VNY	179
HOLTHAUS	KATYA M	20390 SANDUSKY ROAD		TONGANOXIE	KS	66086	HP	S25522	P	VNY	255
HOLTHE	KIMBERLEY L	2706 17TH ST S		MOORHEAD	MN	56560	WF	H26511	F	VNI	265
HOLZRICHTER	REBECCA A	203 SAFFORD STREET		OSAGE CITY	KS	66523	HP	S25522	P	VNY	255
HOPKINS	KAREN M	112 WEST NINTH STREET		NEWPORT	KY	41071	HP	S14822	P	VNY	148
HOPPE	EMILY C	1805 E 32nd		SCOTTSBLUFF	NE	69361	AF	S06725	F	VNY	67
HORNER	DAWN A	2804 A HWY 69 S		LUMBERTON	TX	77657	LP	S17423	P	VNY	174
HORNER	ALYSSA C	916 CANE CREEK RD		FLETCHER	NC	28732	HP	S21822	P	VNY	218
HORST	SABRINA A	6598 HWY 49		GLEN ULLIN	ND	58631	HF	H26905	F	VNI	269
HRON	PAMELA R	4948 47T ST S APT 204		FARGO	ND	58104	AF	S00525	F	VNY	5
HUBANKS	MARI L	258 GEORGE ST		SHARON	WI	53585	LP	S04723	P	VNY	47
HUBBS	AMANDA N	610 19TH AVE NE		ABERDEEN	SD	57401	HM	S11130	F	VNY	111
HUERTA	PAMELA E	914 PINEWOOD LANE		SEABROOK	TX	77586	S	H00105	F	VNI	1
HUETHER	JODI A	1622 BROADWAY		FARGO	ND	58102	HP	S00522	P	VNY	5
HUMMEL	AMANDA N	930 SIMS AVE		SAINT PAUL	MN	55106	HP	S22622	P	VNY	226
HUMPHREY	TAYLER K	4020 N ELGIN		SPOKANE	WA	99205	LP	S07523	P	VNY	75
HUMPHREY	MADISON M	1279 W PRAIRIE RD		MIDLAND	MI	48640	HP	S27722	P	VNY	277
HUNGATE	ALYSSA A	978 E DUPLER RD.		SANDY	UT	84094	LP	S12223	P	VNY	122
HUNSAKER	AMBER R	514 PACIFIC AVE		THOMPSON	ND	58278	HP	S02622	P	VNY	26
HUSTON	TESSA R	250 HELLGATE DRIVE		MISSOULA	MT	59802	LP	S12623	P	VNY	126
HUTCHINS	ALLYSON E	114 GETTYSBURG DRIVE		HODGENVILLE	KY	42748	HP	S09222	P	VNY	92
HUTCHINSON	JESSE B	6750 WALTERS RD		CLARKSTON	MI	48346	HP	S04922	P	VNY	49
HUTTLE	KATHERINE C	2274 EAST COUNTY ROAD E		WHITE BEAR LAKE	MN	55110	LP	S22623	P	VNY	226
IKOLA	SAMANTHA M	709 NE 1ST STREET	APT A104	DEER RIVER	MN	56636	HP	S03222	P	VNY	32
INMAN	LAURA E	2012 PINE VALLEY LN		JONESBORO	AR	72404	HP	S20922	P	VNY	209
ISABELL	AMANDA G	2442 5TH AVENUE		SCOTTSBLUFF	NE	69361	HP	S06722	P	VNY	67
ISBELL	BRITTANY C	4265 NORTHWEST POINT DR		HOUSE SPRINGS	MO	63051	HP	S23522	P	VNY	235
IVEY	TAMEIKA S	4300 HEWITT STREET	APT H	GREENSBORO	NC	27407	HM	S21730	F	VNY	217

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
JACKSON	SAMANTHA C	3008 WRIGHT AVE	NORTH PLATTE	NE 69101	LP	S06923	P	VNY	69
JACKSON	FAITH E	695 EAST IRBY	BEAUMONT	TX 77705	HP	S17422	P	VNY	174
JACOBS	SHAWNTERIA D	1056 E 15TH ST	WINSTON SALEM	NC 27105	LP	S21923	P	VNY	219
JACOBSEN	HANNAH M	6225 E AIRLINE HWY	DUNKERTON	IA 50626	HP	S13022	P	VNY	130
JACOBSEN	BLADE A	2303 WHITEGATE DR 1D	COLUMBIA	MO 65202	AF	S23225	F	VNY	232
JAEGER	LAURYN E	2152 WEST CALLE COLOMBO	COLUMBUS	NE 68601	HP	S06022	P	VNY	60
JAMES	ELIZABETH A	2102 SHERMAN CREEK ROAD	EAU CLAIRE	WI 54703	HM	S10430	F	VNY	104
JAMES	CASSANDRA J	519 N JOPLIN AVE	JOPLIN	MO 64801	HP	S23622	P	VNY	236
JANDA	MCKENZIE R	930 S 6TH ST	DE PERE	WI 54115	HP	S10622	P	VNY	106
JAY	ALEXIS L	821 WABASH AVE.	OTTUMWA	IA 52501	HP	S24422	P	VNY	244
JEFFERY-RUGGLESS	ANDRIA J	2126 S. SELKIRK DR	GREEN ACRES	WA 99016	HP	S07622	P	VNY	76
JENNINGS	KAYLYNN	314 N. 16TH ST.	FORT DODGE	IA 50501	HM	S13230	F	VNY	132
JENSEN	EMILY N	1107 WILD PLUM DRIVE	ST CHARLES	MO 63303	HP	S23422	P	VNY	234
JENSEN	SAMANTHA E	12601 STONERIDGE LN. APT 104	SOUTH ROCKWOOD	MI 48179	LP	S27523	P	VNY	275
JEPSEN	BRITTANY L	1601 W 1ST	NORTH PLATTE	NE 69101	HM	S06930	F	VNY	69
JETT	ALLYSE M	806 INDIANA AVE	MENDOTA	IL 61342	LP	S14023	P	VNY	140
JEWISON	STEFANIE M	1517 REED DR	FARGO	ND 58102	HF	S29730	F	VNY	297
JIMENEZ	LILY C	3225 11TH AVE S #5	GREAT FALLS	MT 59405	HP	S03622	P	VNY	36
JIMENEZ	ALYSSA D	10135 W SCEPTER CIR	FRANKLIN	WI 53132	HP	S04822	P	VNY	48
JIMENEZ	BRITTANY N	6208 6TH STREET	LUBBOCK	TX 79416	LP	S17023	P	VNY	170
JOHANSSON	CARLEY	12 LAI CHRISTINE CT	ST. CHARLES	MO 63301	HP	S23422	P	VNY	234
JOHNSON	ASHLEY K	203 Apple Lane	FARGO	ND 58104	DM	H26406	F	VNI	264
JOHNSON	JESSICA R	1708 55TH AVE N	MOORHEAD	MN 56560	HF	H26905	F	VNI	269
JOHNSON	REBECCA P	45661 265TH ST	HUMBOLDT	SD 57035	HP	S01122	P	VNY	11
JOHNSON	MEGAN E	8215 N. TWIN LAKES ROAD	NORTH PLATTE	NE 69101	HP	S06922	P	VNY	69
JOHNSON	ALEXANDRA E	5074 BONNIE VALE CT	EAU CLAIRE	WI 54701	LP	S10423	P	VNY	104
JOHNSON	REBEKAH L	1111 N LOCUST	MUNCIE	IN 47303	AF	S11025	F	VNY	110
JOHNSON	MIA C	1108 CHRISTI CR	BEAVERCREEK	OH 45434	HM	S11430	F	VNY	114
JOHNSON	ELLIE M	27409 BUCKLAND HOLDEN RD	WAYNESFIELD	OH 45896	LP	S11623	P	VNY	116
JOHNSON	JENNIFER R	226 REED STREET	WATERLOO	IA 50703	LP	S13023	P	VNY	130
JOHNSON	D'MYA F	690 PALM ST	BEAUMONT	TX 77705	HP	S17422	P	VNY	174
JOHNSON	SAMANTHA P	6900 STONE HILL RD	LIVONIA	NY 14487	HM	S18530	F	VNY	185
JOHNSON	MICKELA R	7236 SW WOODCROFT	TOPEKA	KS 66619	LP	S25523	P	VNY	255
JOHNSON	JENNA L	1631 BELSLY BLVD APT 306	MOORHEAD	MN 56560	HP	S29722	P	VNY	297
JONES	NICHOLE L	2908 1ST ST SE	MINOT	ND 58701	HP	S02622	P	VNY	26
JONES	CAROLYN M	833 N 24TH ST	MILWAUKEE	WI 53233	HP	S04822	P	VNY	48
JONES	MADISON D	15204 E 14TH AVE	VERADALE	WA 99037	HP	S07622	P	VNY	76
JONES	BRIANNE L	1418 LEO ST	SAGINAW	MI 48638	HP	S08422	P	VNY	84
JONES	SAVANNAH J	2935 STONEMILL COURT	BEAVERCREEK	OH 45430	LP	S11423	P	VNY	114
JONES	RAYLA K	19757 COUNTY ROAD 4118	LINDALE	TX 75771	HP	S17822	P	VNY	178
JONES	DENISE M	216 S CHEYENNE	HENNESSEY	OK 73742	HP	S19022	P	VNY	190
JONES	SARA C	2702 MONTEREY ST	SAINT JOSEPH	MO 64507	LP	S23323	P	VNY	233
JONES	BRITTANY A	3538 5TH ST W APT 204	WEST FARGO	ND 58078	HP	S29722	P	VNY	297

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name		Home Address		City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
JORDAN	ALEESHA K	212 RIDGE STREET		NEWTOWN	IN	47969	AF	S27225	F	VNY	272
JULIAN	CELESTE G	21 DARTMOUTH DR		CANFIELD	OH	44406	HP	S11722	P	VNY	117
JURGENS	ABBY L	101 ALLEN ST		BAYARD	IA	50029	LP	S07323	P	VNY	73
KACHERIAN	AMBER M	1156 N 400 W		LOGAN	UT	84341	HP	S08822	P	VNY	88
KALLHOFF	KASIE M	3250 40TH AVE S	UNIT E	FARGO	ND	58104	HF	S29722	F	VNY	297
KANARICK-GODINEZ	IVEY G	1251 HAMMOND LN	APT 11	ALLIANCE	NE	69301	LP	S06723	P	VNY	67
KANE	ALEXANDRIA J	556 FAITH DR		LAKE St LOUIS	MO	63367	HM	S23530	F	VNY	235
KANNENBERG	KATHERINE A	W7776 CHELEN RIDGE		VAN DYNE	WI	54979	LP	S04423	P	VNY	44
KANYUH	KRISTEN E	221 VERA ELIZABETH LN		JACKSONVILLE	NC	28540	HM	S04730	F	VNY	47
KAPPEL	AMANDA L	8065 HACKBERRY DRIVE		MENTOR	OH	44060	HP	S09022	P	VNY	90
KARN	LAURIE M	1405 E BROADWAY J206		MISSOULA	MT	59802	HP	S12622	P	VNY	126
KAROLCZAK	ANNA M	3180A S 30TH ST		MILWAUKEE	WI	53215	AF	S04825	F	VNY	48
KEETER	EMILY S	9631 FLINT DR		SANDY	UT	84094	LP	S12223	F	VNY	122
KEHRER	KATELYNN J	15120 E. 24TH AVE		SPOKANE VALLEY	WA	99037	HP	S07622	P	VNY	76
KELLER	MICHELLE A	1301 SW 18TH ST		WILLMAR	MN	56201	LP	S01023	P	VNY	10
KELLER	MARISSA E	5021 215TH STREET		DEEP RIVER	IA	52222	LP	S13323	P	VNY	133
KELLY	CECILIA A	817 E MINNESOTA ST	#301	RAPID CITY	SD	57701	LP	S01823	P	VNY	18
KELLY	ELIZABETH A	18917 446TH AVE		HAYTI	SD	57241	HP	S02522	P	VNY	25
KELLY	MAIA T	1865 LINCREST DR		CINCINNATI	OH	45240	HM	S12430	F	VNY	124
KENNEDY	JAIVIN P	725 WALNUT STREET		CROOKSVILLE	OH	43731	HP	S15222	P	VNY	152
KERBS	KATRINA N	10107 E 8TH	APT 30	SPOKANE VALLEY	WA	99206	HP	S07622	P	VNY	76
KEUNING	KATIE M	7006 48TH AVE		HUDSONVILLE	MI	49426	LP	S08023	P	VNY	80
KIDD	MEGAN	78 E 100 S		RICHMOND	UT	84333	LP	S08823	P	VNY	88
KIEFER	ALEXIS P	335 2ND AVE SE	335 2ND AVE SE	PLAINVIEW	MN	55964	LP	S22023	P	VNY	220
KIES	CLARICE M	37782 253AVE		LA MOTTE	IA	52054	LP	S13823	P	VNY	138
KIM	HARIM	1310 KIRKLAND DR		MIDLAND	MI	48640	HP	S27722	P	VNY	277
KING	CAITLYN M	412 E MULBERRY ST		HENNEPIN	IL	61327	HP	S14022	P	VNY	140
KINNARNEY	BRITTNEY M	11383 GLASGOW ROAD		SMITHS GROVE	KY	42171	LP	S09223	P	VNY	92
KIRCHNER	SHAELYN F	901 S ELM		LENNOX	SD	57039	HP	S01122	P	VNY	11
KIST	PATRISHA J	8343 LYNNESS DR		CINCINNATI	OH	45239	HP	S12422	P	VNY	124
KISTHART	SARAH E	100 HAPNER HALL		BOZEMAN	MT	59715	HP	S01622	P	VNY	16
KITTEN	DANYELLE L	1328 4TH ST NW		WEST FARGO	ND	58078	HF	H26406	F	VNI	264
KLONGLAN	CHANDY N	445 HIGHWAY 175		ELLSWORTH	IA	50075	HM	S13330	F	VNY	133
KNUTSON	BAILEY L	1060 2ND ST E APT91		WEST FARGO	ND	58078	HP	S00522	P	VNY	5
KNUTSON	KRISTIN R	5212 EAST 18TH STREET		SIOUX FALLS	SD	57110	HP	S01122	P	VNY	11
KOKESCH	DAKOTA L	1721 NOKOMIS ST	APT #2	ALEXANDRIA	MN	56308	LP	S03123	P	VNY	31
KORENUK	JENESSA A	2244 HAYDEN AVE		ALTOONA	WI	54720	HP	S10422	P	VNY	104
KOVAC	KALEIGH N	219 E END ST		ALMA	MI	48801	HP	S08422	P	VNY	84
KOVALENKO	GABRIELLE G	955 SHADY GROVE CHURCH RD		WINSTON SALEM	NC	27107	HP	S21922	P	VNY	219
KOVATCH	MEGAN A	1436 PINE GROVE AVE. #2		PORT HURON	MI	48060	AF	S22325	F	VNY	223
KRAFT	JULIE A	2103 FOLWELL DR SW		ROCHESTER	MN	55902	HP	S22022	P	VNY	220
KRAKOW	LAUREN E	823 S MCCOY DR		PUEBLO	CO	81007	AF	S16525	F	VNY	165
KRANTZ	KASEY M	1409 5TH ST SW APT 103A		WILLMAR	MN	56201	HM	S01030	F	VNY	10

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
KRAUS	SAVANNAH J	5508 SOUTHFIELD DR APT L	ST LOUIS	MO	63129	HP	S23522	P	VNY 235
KRIEG	AMBER E	3826 ST.CATHERINE ROAD	BELLEVUE	IA	52031	FR	S13822	P	VNY 138
KRIKAVA	RUSALYN M	24TH AVE S APT213	GRANDFORKS	ND	58201	LP	S00323	P	VNY 3
KRINKE	HEATHER N	403 LAKE ST	ALEXANDRIA	MN	56308	HM	S03130	F	VNY 31
KROGSENG	KIRSTIN R	126 5TH ST NE	DILWORTH	MN	56529	HP	H26205	P	VNI 262
KRUGER	BAYLEE A	12065 20TH ST SE	CLARA CITY	MN	56222	HP	S01022	P	VNY 10
KRUSE	KAYLA L	1700 SOUTH KATIE AVE #302	SIOUX FALLS	SD	57106	AF	S01125	F	VNY 11
KUBIAN	KIRSTEN M	250 EXCELSIOR AVE N	ANNANDALE	MN	55302	AF	S02725	F	VNY 27
KUFAHL	LEIA N	E10041 331ST AVE	EAU CLAIRE	WI	54703	LP	S10423	P	VNY 104
KULKARNI	JUHI K	3834 W 7TH STREET	JOPLIN	MO	64801	HP	S23622	P	VNY 236
KUNKLE	CANDICE M	2130 N MAIN STREET APT 2206	ELKHORN	NE	68022	HP	S22122	P	VNY 221
KUSINA	BEKEZELA T	100 MINGES CREEK PL APT C208	BATTLE CREEK	MI	49015	HP	S09622	P	VNY 96
KVALHEIM	KAYLA R	47943 OAKRIDGE PLACE	HARRISBURG	SD	57032	LP	S01123	P	VNY 11
KYTE	MAKAYLA N	6191 Kraft Ave SE	Grand Rapids	MI	49512-9396	LP	S08023	P	VNY 80
LABAR	JULIANN M	143 E ONTARIO ST	ROGERS CITY	MI	49779	HP	S27722	P	VNY 277
LAFONTAIN	KRISTIN L	939 38 1/2 AVE W	WEST FARGO	ND	58078	HF	H26205	F	VNI 262
LALEMAND	LYDIA C	1202 VERDE VISTA CIR	ASHEVILLE	NC	28805	HP	S21822	P	VNY 218
LAMB	TIFFANIE	3740 S. ARIZONA TRAIL	JANESVILLE	WI	53546	HM	S04630	F	VNY 46
LAMPHIER	ADRIANNA M	7319 ATMORE DRIVE	INDIANAPOLIS	IN	46217	HP	S10922	P	VNY 109
LARRABEE	MATTHEW J	5692 E. 121ST PLACE	BRIGHTON	CO	80602	HM	S16630	F	VNY 166
LARSEN	BRANDEE D	428 N 2400 E	SAINT ANTHONY	ID	83445	HP	S07122	P	VNY 71
LARSON	AMANDA B	5660 33RD AVE S #314	FARGO	ND	58104	S	H26708	F	VNI 267
LARSON	JAICEE D	15080 S. ROSE CANYON ROAD	HERRIMAN	UT	84096	HP	S08822	P	VNY 88
LAVENZ	MADISON A	419 2ND ST	STOUT	IA	50673	HP	S13122	P	VNY 131
LAVEY	CHRISTA M	601 5TH ST E	HORACE	ND	58047	S	H26807	F	VNI 268
LAWRENCE	ASHLIN R	4217 CLEVELAND	DAYTON	OH	45410	LP	S11523	P	VNY 115
LAWSON	KIMBERLY A	2560 PLYMOUTH RD.	JOHNSON CITY	TN	37601	HP	S08122	P	VNY 81
LAWSON	KAMREN E	306 WEST H STREET	ELIZABETHTON	TN	37643	HM	S08130	F	VNY 81
LAWSON	RILEY R	40305 PALLAZO	CLINTON TWP	MI	48038	HP	S14522	P	VNY 145
LE	ANH DAO T	1510 BAY WOOD DR	WEST FARGO	ND	58078	WF	H26511	F	VNI 265
LE	SUONG T	919 COUNTRYSIDE TRL CT S	FARGO	ND	58103	WF	H26511	F	VNI 265
LE	KAMRI E	2330 AIRPORT ROAD	BARTONVILLE	IL	61607	HP	S20322	P	VNY 203
LECLAIRE	TANAE Z	501 S WHEATLAND AVE #106	SIOUX FALLS	SD	57106	HP	S01122	P	VNY 11
LEDBETTER	HANNAH D	6802 N CEDAR	SPOKANE	WA	99208	HP	S07522	P	VNY 75
LEDELL	DAKISHA A	201 HOLT AVE APT K	GREENSBORO	NC	27405	LP	S21723	P	VNY 217
LEE	TEDDIE A	12613 80TH ST SE	STIRUM	ND	58069	HP	S00522	P	VNY 5
LEE	BROOKE E	7367 DORAN LANE	LIMA	NY	14485	LP	S18523	P	VNY 185
LEMKE	JORDAN M	4807 HIGHCREST RD	ROCKFORD	IL	61107	LP	S14323	P	VNY 143
LEMON	TIFFANY A	5827 SKYLINE DR	CAMBRIDGE	OH	43725	LP	S15223	P	VNY 152
LENZ	TINA M	324 HIGHWAY 57	QUINCY	IL	62305	HM	S14730	F	VNY 147
LESTER	ISABEL K	449 HAYES ST	LAVON	TX	75166	LP	S17723	P	VNY 177
LEUTHE	RAE M	134 CHALFONT ST	PITTSBURGH	PA	15120	HM	S18130	F	VNY 181
LEVERETTE	BETHANY J	907 E DALKE	SPOKANE	WA	99208	HP	S07522	P	VNY 75

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name		Home Address		City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
LEWELLYN	KENDRA L	304 15TH ST S		MOORHEAD	MN	56560	HF	H26605	F	VNI	266
LEWIS	CODY B	2804 GRAY ST		JOHNSON CITY	TN	37604	AF	S08125	F	VNY	81
LEWIS	AMANDA J	948 NORTHERN WAY UNIT 8		GRAND JUNCTION	CO	81506	LP	S16723	P	VNY	167
LEWIS	OLIVIA J	6613 E 11TH STREET NORTH		WICHITA	KS	67206	HP	S25522	P	VNY	255
LEWIS	SARAH J	3474 ELMS RD		SWARTZ CREEK	MI	48473	HM	S27630	F	VNY	276
LEY	MADELINE L	1320 STATE ST		LA CROSSE	WI	54601	HP	S10522	P	VNY	105
LIBBEY	MARISSA A	2404 OLIVE ST-APT 1		CEDAR FALLS	IA	50613	AF	S22625	F	VNY	226
LIEN	MAKAYSA L	3215 PIONEER DRIVE		RAPIDCITY	SD	57703	HP	S01822	P	VNY	18
LIGGONS	KENYA M	1141 STILLWOOD DR		CLARKSVILLE	TN	37042	HP	S08322	P	VNY	83
LIKES	TARYN L	1400 23RD STREET	HARRISON HALL	GREELEY	CO	80631	LP	S16623	P	VNY	166
LILLIE	VANESSA A	2285 MESA ST		IDAHO FALLS	ID	83401	HP	S07122	P	VNY	71
LILLY	DESTINY K	74087 325TH ST		RACINE	MN	55967	AF	S22025	F	VNY	220
LINDER	BRINA I	601 LAURA LN		HOLCOMB	KS	67851	HP	S25022	P	VNY	250
LINDSEY	LATOSHIA L	9481 GRAND BLANC RD		GAINES	MI	48436	LP	S27623	P	VNY	276
LINDSY	JEANNA R	304 W DENTON		SALLISAW	OK	74955	HP	S21022	P	VNY	210
LLOYD	HEATHER L	4805 N CEDAR ST		SPOKANE	WA	99205	AF	S07525	F	VNY	75
LLOYD	HANNAH B	289 COAL CHUTE RD		ELIZABETHTON	TN	37643	LP	S08123	P	VNY	81
LOBERG	KATHERINE W	2867 19TH AVE S		GRAND FORKS	ND	58201	HM	S00330	F	VNY	3
LOEWEN	RACHEL A	40662 SKUNK HILL RD.		PELICAN RAPIDS	MN	56572	LP	S00723	P	VNY	7
LOGAN	JADEN L	2825 S. MAPLE ST		SIOUX CITY	IA	51106	FR	S02822	P	VNY	28
LOGAN	BRIANNA J	204 WEST TERRELL ST		GREENSBORO	NC	27406	LP	S21723	P	VNY	217
LONG	HOPE G	1010 RESERVATION RD	LOT H 10	HAYS	KS	67601	LP	S21423	P	VNY	214
LOPEZ	JAZMINE M	1514 NORTH 4500 WEST		WEST POINT	UT	84015	LP	S09423	P	VNY	94
LOPEZ	MARITZA	17525 CANARY RD		PHILLIPSBURG	MO	65722	HP	S23022	P	VNY	230
LOPEZ	MARISA T	2606 ABBOTT ST	APT D3	MIDLAND	MI	48642	LP	S27723	P	VNY	277
LOPEZ-ORTIZ	LUZ C	17730 EXIRA AVE		FARMINGTON	MN	55024	HP	S21322	P	VNY	213
LOPRESTI	PAISLEY J	5100 SOUTH RANGE LINE RD		JOPLIN	MO	64804	HM	S23630	F	VNY	236
LOUIS	TNISHA R	640 CAMPION CT		EVANSVILLE	WI	53536	HP	S04622	P	VNY	46
LOVELAND	CAITLYN A	195 GERKE AVE		MANSFIELD	OH	44903	LP	S13623	P	VNY	136
LOVELL	TIFFANIE D	23698 SLICK RD		BRISTOW	OK	74010	HP	S19922	P	VNY	199
LOWERY	TASHA A	602 53RD ST E	ATP 208	WILLISTON	ND	58801	HP	S02022	P	VNY	20
LOZOYA	SILVIA V	1618 MARION RD SE#132		ROCHESTER	MN	55904	HP	S22022	P	VNY	220
LUGO	SABRINA A	401 S 43RD W AVE		TULSA	OK	74127	LP	S19923	P	VNY	199
LUNDER	AJA D	PO BOX 254		ULEN	MN	56585	S	H26708	F	VNI	267
LUNSKI	JEFF V	3014 7 1/2 AVE NW		FARGO	ND	58102	WF	H26510	F	VNI	265
LUSTER	TYESHA L	4279 HARBOUR TOWNE APT 5		SAGINAW	MI	48603	LP	S08423	P	VNY	84
LYNCH	KATHLEEN M	2021 3RD ST		PERU	IL	61354	LP	S14023	P	VNY	140
LYNCH	REBECCA M	104 E MADISON AVE		CASEY	IL	62420	LP	S27123	P	VNY	271
MAAG	JHADACI D	1723 EDMOND ST		ST JOSEPH	MO	64501	HP	S23322	P	VNY	233
MACKBEE	BLAKE C	109 NE 7TH ST		GRAND RAPIDS	MN	55744	HP	S03222	P	VNY	32
MADSEN	JUSTINE L	21575 673RD AVE		DARWIN	MN	55324	HP	S01022	P	VNY	10
MAHAS	LACEY M	1450 N WASHINGTON BLVD	TRLR 6	OGDEN	UT	84404	LP	S07823	P	VNY	78
MAHER	SARAH M	1695 PADDOCK RD		COLORADO SPRING	CO	80930	HP	S16422	P	VNY	164

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
MAHNKE	CHRISTINA R	415 SCOTT AVE	GILBY	ND	58235	HP	S00722	P	VNY 7
MAHONEY	SHANNON E	25297 LAKE RD	ST CLOUD	MN	56301	FR	S02722	P	VNY 27
MAINS	LIZABETH E	518 HARRISON AVE.	HARRISON	OH	45030	HP	S12422	P	VNY 124
MALONE	KATLYN M	204 HOMEWOOD DR.	MURFREESBORO	TN	37127	HP	S08222	P	VNY 82
MALONE	LORI A	3300 E LAKE PARK CROSSIN #108	APPLETON	WI	54915	HM	S10630	F	VNY 106
MALONEY	LAUREN B	113 BRENTWOOD DRIVE	PARKERSBURG	WV	26104	HP	S18322	P	VNY 183
MANN	MADELAINE D	6644 E WEBSTER RD	LEXINGTON	IN	47138	HP	S11022	P	VNY 110
MANTERNACH	RYLEA D	1200 ALPINE ROAD	MARION	IA	52302	LP	S13723	P	VNY 137
MARCHETTI	LISA M	1202 19TH ST S	VIRGINIA	MN	55792	HP	S04222	P	VNY 42
MARGHEIM	BILLIE C	PO BOX 1026	FAIRPLAY	CO	80440	HP	S16622	P	VNY 166
MARIN	LATRISHA R	810 2ND AVE NW	AUSTIN	MN	55912	HM	S22030	F	VNY 220
MARKEL	LISA	2812 E ROSSER AVE #6	BISMARCK	ND	58501	LP	S00423	P	VNY 4
MARLING	LEANDRA R	70090 MAIN STREET	ST.CLAIRSVILLE	OH	43950	LP	S10023	P	VNY 100
MARRS	ASHLEY A	2229 GRANITE CT	JOHNSON CITY	TN	37604	LP	S08123	P	VNY 81
MARSH	JESSICA S	2638 WILDWOOD CT	LAKE ORION	MI	48360	FR	S04922	P	VNY 49
MARSHALL	SEABREANNA L	PO BOX 2257	NORTH PLATTE	NE	69103	LP	S06923	P	VNY 69
MARTENS	NICOLE A	812 36ND ST N	FARGO	ND	58102	HP	S00522	P	VNY 5
MARTIN	CHELICIE M	15879 N MEYER RD #8	RATHDRUM	ID	83858	HP	S01322	P	VNY 13
MARTIN	SHANA A	826 E 14TH ST	CASPER	WY	82601	LP	S12823	P	VNY 128
MARTIN	FELICIA E	1110 S STARR AVE	BURLINGTON	IA	52601	HM	S13930	F	VNY 139
MARTIN	TINIA N	1619 RESTHAVEN RD	PEORIA	IL	61615	AF	S20325	F	VNY 203
MARTIN	SHERADIN M	1607 HEATHER RIDGE	JONESBORO	AR	72401	HP	S20922	P	VNY 209
MARTINEZ	BRIANNA S	621 TINY TOWN RD	CLARKSVILLE	TN	37042	LP	S08023	P	VNY 83
MARTINEZ	ELIZA N	940 W COLLEGE DRIVE APT 405	CHEYENNE	WY	82007	HP	S12922	P	VNY 129
MARTINEZ	ALEXIS N	1510 GARZA LN	LITTLE ELM	TX	75068	HP	S17922	P	VNY 179
MARTINEZ SANCHEZ	TERESA	213S 17TH ST	ENID	OK	73701	HP	S19022	P	VNY 190
MARTWIG	SYDNIE P	4021 W 4TH ST	DULUTH	MN	55807	HP	S00222	P	VNY 2
MATA	SIERRA L	3146 MCCLURE AVE	FLINT	MI	48506	LP	S27623	P	VNY 276
MATHER	MADISON N	5600 HIGHVIEW DRIVE	ZANESVILLE	OH	43701	HP	S15222	P	VNY 152
MATHEW	OLIVIA M	709 CHISHOLM TRAIL	LAFAYETTE	IN	47909	HP	S27222	P	VNY 272
MATHEWS	ASHLEY R	188 WEST 2ND SOUTH	RIGBY	ID	83442	AF	S07125	F	VNY 71
MATHISEN	SHARLENE L	2702 10TH S N	FARGO	ND	58102	AF	S00525	F	VNY 5
MATHISON	TAMMY J	2868 WICKLOW ST	DULUTH	MN	55806	HM	S00230	F	VNY 2
MATNEY	ISABELLA J	4514 TEEPEE RD	CARPENTER	WY	82054	HP	S12922	P	VNY 129
MATTI	CARLA M	1301 20TH ST S	GREAT FALLS	MT	59405	HP	S03622	P	VNY 36
MAURER	LEANNE N	3234 PARKHILL DR	BILLINGS	MT	59102	HM	S01530	F	VNY 15
MAY	MARIAH E	7525 W CANAL DR	KENNEWICK	WA	99336	HM	S16330	F	VNY 163
MC ANDREW	HOLLY M	15 ST LAWRENCE DR	ST PETERS	MO	63376	HP	S23422	P	VNY 234
MC LEOD	KARISSA L	6665 S OSAGE AVE	HASTINGS	NE	68901	LP	S06523	P	VNY 65
MCABEE	KARA J	1104 NW CANTERBURY RD	BLUE SPRINGS	MO	64015	HP	S05422	P	VNY 54
MCCANN	BRIANNA A	8650 N STONE FARM RD	EDGERTON	WI	53534	HP	S04622	P	VNY 46
MCCANN	KRISTA A	762 VASSAR DRIVE	SALINA	KS	67401	AF	S25125	F	VNY 251
MCCARTHY	HAILEY M	5017 ELIZABETH AVE	CHUBBUCK	ID	83202	LP	S07023	P	VNY 70

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
MCCLURE	KELSEY D	15700 E 46TH ST S	INDEPENDENCE	MO	64055	LP	S05423	P	VNY 54
MCCORMICK	MACKENZIE B	6158 MARTENS WAY S	FARGO	ND	58104	FR	S00522	P	VNY 5
MCCOY SPELL	JESSICA I	1693 WEST LUCAS DRIVE	BEAUMONT	TX	77706	HM	S17430	F	VNY 174
MCCOY-BRIDGES	TAYLOR D	752 FULTON PLACE APT 1A	GREENSBORO	NC	27401	HP	S21722	P	VNY 217
MCCREERY	MACKENZIE R	220 JOHN ST APT 3101	ROCHESTER	NY	14623	LP	S18523	P	VNY 185
MCCULLOUGH	CAREY M	2907 PRAIRIE RD.	ROCKFORD	IL	61102	AF	S14325	F	VNY 143
MCDONALD	JENNY A	715 SOUTH 12TH PO BOX 6512	BOZEMAN	MT	59715	LP	S01623	P	VNY 16
MCGARY	SHAYNA R	40241 DUNN RD	FLUSHING	OH	43977	LP	S10023	P	VNY 100
MCGAUGHY	IMANEY L	611 3RD ST NW APT 201	MINOT	ND	58703	HP	S02622	P	VNY 26
MCGEE	KIERANDA L	1357 CHESTNUT STREET	DRESDEN	OH	43821	HP	S15222	P	VNY 152
MCGRATH	SHANE L	4875 43RD ST S	FARGO	ND	58104	HF	H26305	F	VNI 263
MCGRATH	SYDNEY N	6200 MONROVIA DR	WATERFORD	MI	48329	HP	S04922	P	VNY 49
MCGRATH	GWYNNDALEN A	518 CHERRY HILL DR APT B	MIAMISBURG	OH	45342	HP	S11522	P	VNY 115
MCGRIFF	SHAWNA	139 NORTH JAMESON AVE APT 1	LIMA	OH	45804	HP	S11622	P	VNY 116
MCKEE	ALYSSA A	1972 OLD HOMESTEAD DR	ROCHESTER HILLS	MI	48306	HP	S04922	P	VNY 49
MCLOUGHLIN	AMY	611 3RD ST SE	BEMIDJI	MN	56601	HM	S00930	F	VNY 9
MCMAHAN	MELISSA D	1309 14TH AVE NW APT C	MINOT	ND	58703	HP	S02622	P	VNY 26
MCMURRY	BRANDI L	320 E. LEE ST	SEYMOUR	IA	52590	LP	S07323	P	VNY 73
MCPHEE	BAILEY F	217 5TH AVE. NW	BYRON	MN	55920	HP	S22022	P	VNY 220
MCPHERSON	MEGAN E	6244 SHARP RD	SWARTZ CREEK	MI	48473	HP	S27622	P	VNY 276
MEADOWS	KAITLYN M	55 NORTH RHONDA	FALMOUTH	KY	41040	HP	S14822	P	VNY 148
MECHAM	JILL M	2075 S 2000 W	SYRACUSE	UT	84075	HP	S09422	P	VNY 94
MEDDLING	LAMARION D	1017 TOM HAILEY BLVD	LA VERGNE	TN	37086	HM	S08230	F	VNY 82
MEDEL	ALEJANDRA	425W WOODBURY	OGDEN	UT	84404	LP	S07823	P	VNY 78
MEDINA	TAIRY	504 NORTH ELM ST APT 306	GRAND ISLAND	NE	68801	HP	S06522	P	VNY 65
MEDINA	ELENA A	1006 VAN BUREN	SAGINAW	MI	48602	HP	S08422	P	VNY 84
MEDINA	ARACELLY D	10630 3RD AV NW	ORONOCO	MN	55960	LP	S22023	P	VNY 220
MEEK	JESSICA M	1281 WHITETAIL DR	FAIRBORN	OH	45324	HM	S11530	F	VNY 115
MEISTER	TRISTINA K	5036 NICOLLET AVE	MINNEAPOLIS	MN	55419	AF	S21325	F	VNY 213
MELSON	REBECCA L	1638 LARK RD	JOPLIN	MO	64804	HP	S23622	P	VNY 236
MENDOZA	EMILIA	610 GRANDRIDGE RD APT E7	GRANDVIEW	WA	98930	LP	S16323	P	VNY 163
MENYWEATHER	DANEJA T	6300 HOLDREGE ST	LINCOLN	NE	68505	HP	S06022	P	VNY 60
MERRILL	HALEY M	400 13TH ST	ONAWA	IA	51040	HP	S02822	P	VNY 28
MESA	SABRINA M	620 REED ST APT 5	MANKATO	MN	56001	AF	S01225	F	VNY 12
METCALFE	MAKENZIE T	510 HIGHLAND DRIVE	WAUKOMIS	OK	73773	HP	S19022	P	VNY 190
METTLING	ROCKIE M	2012 GEORGE WASHINGTON WY	RICHLAND	WA	99354	HP	S16322	P	VNY 163
MEYER	SAVANAH J	8120 OLD HWY 2	STANLEY	ND	58784	HP	S02022	P	VNY 20
MEYER	DEANNA N	225 W WESTPLAINS ROAD	GRETN	NE	68028	HM	S06130	F	VNY 61
MEYER	HALEY L	32701 MILLVILLE RD	COLESBURG	IA	52035	LP	S13823	P	VNY 138
MEYERS	MACKENZIE N	1406 WEST NORMAL ST. APT. B	SPRINGFIELD	MO	65807	LP	S23023	P	VNY 230
MICCO	HAYLEE N	127 CARBON MICCO RD	EDINBURG	PA	16116	HP	S11722	P	VNY 117
MICHEL	MONTANNA L	47440 COUNTY RD 13	ST PETER	MN	56082	HP	S01222	P	VNY 12
MICHEL	AVERY E	1845 AVOCA STREET 1686 MARJORIE CIRCLE	DUBUQUE	IA	52001	HP	S13822	P	VNY 138

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
MICKAN	KALYNNE J	29609 OLIVE	MAYWOOD	MO	63454	AF	S14725	F	VNY 147
MICKELSON	ALYSSA M	3726 80TH AVE N	BROOKLYN PARK	MN	55443	HP	S00922	P	VNY 9
MICKELSON	BROOKE M	3480 LEES CIRCLE	GARFIELD	MN	56322	LP	S03123	P	VNY 31
MIGLIORE	MAKENZIE T	1584 E BOBWHITE LN	POST FALLS	ID	83854	HP	S07622	P	VNY 76
MILLER	BLAIR S	2508 AMBER VALLEY CT S	FARGO	ND	58104	S	H26305	F	VNI 263
MILLER	NICOLE S	4506 10TH AVE	KEARNEY	NE	68845	DM	H26406	F	VNI 264
MILLER	KAYLA L	2619 GOLDENROD LANE	BOZEMAN	MT	59718	HP	S01622	P	VNY 16
MILLER	JASMINE R	310 8TH AVE. S.	ST CLOUD	MN	56301	HP	S02722	P	VNY 27
MILLER	KIMBERLEY A	20477 WENDIGO PARK ROAD	GRAND RAPIDS	MN	55744	HP	S03222	P	VNY 32
MILLER	JENNETTE N	3400 HILL AVE APT 703	BUTTE	MT	59701	HP	S03522	P	VNY 35
MILLER	CATHERINE B	1420 A BROWNING	BUTTE	MT	59701	AF	S03525	F	VNY 35
MILLER	TANYA J	902 1/2 S 6TH AVE	VIRGINIA	MN	55792	LP	S04223	P	VNY 42
MILLER	ANASTASIA M	11 SOUTH ELM	NORTH PLATTE	NE	69101	HP	S06922	P	VNY 69
MILLER	CHEYENNE M	998 14TH AVE SW	BYRON CENTER	MI	49315	HP	S08022	P	VNY 80
MILLER	KATIE L	PO BOX 204	CLERMONT	IA	52135	HM	S13033	F	VNY 130
MILLER	AMANDA E	1550 SINGTH ST	FLORENCE	KY	41042	HP	S14822	P	VNY 148
MILLETT	ASHLEY R	121 MISSOURI AVE	DULUTH	MN	55811	HP	S00222	P	VNY 2
MILLIGAN	CIARRA D	8796 DEARDOFF RD	FRANKLIN	OH	45005	LP	S11523	P	VNY 115
MINARD	CHARISH A	940 US ROUTE 34	GLADSTONE	IL	61437	LP	S13923	P	VNY 139
MINEO	LEEANN N	3161 S JENNINGS RD APT #9	INDEPENDENCE	MO	64055	AF	S05425	F	VNY 54
MINER	LEXI T	1215 NW 4TH AVE	GRAND RAPIDS	MN	55744	HP	S03222	P	VNY 32
MISCH	EMILY S	376 HIGH TEE ST	WILLOWICK	OH	44095	LP	S09023	P	VNY 90
MISIC	KRISTINA K	706 W BOWEN AVE	BISMARCK	ND	58504	HP	S00422	P	VNY 4
MITCHELL	ASHLEY M	419 PUTNAM STREET	EAU CLAIRE	WI	54703	AF	S10425	F	VNY 104
MITCHELL	LAUREN R	7702 LEGACY PARKWAY	AMARILLO	TX	79119	HP	S17122	P	VNY 171
MIXDORF	MORGAN K	523 18TH STREET NW	BEMIDJI	MN	56601	LP	S00923	P	VNY 9
MOCK	KAMERON A	615 NORTH 28TH ST	QUINCY	IL	60231	LP	S14723	P	VNY 147
MOE	BAYLIE A	PO BOX 1746	MEAD	WA	99021	HP	S07522	P	VNY 75
MOFFITT	TINISHA T	12874 CR 499	LINDALE	TX	75771	AF	S17825	F	VNY 178
MOISAN	COURTNEY A	7804 N LONGVIEW CT	EDGERTON	WI	53534	LP	S04623	P	VNY 46
MOLLOY	KATHERINE J	807 11TH AVE N APT 7	HUMBOLDT	IA	50548	HP	S13222	P	VNY 132
MOONEN	KASSIDY A	9935 DIXIE HWY	CLARKSTON	MI	48348	HP	S04922	P	VNY 49
MOORE	RACHEL M	5788 PIERCE LANE	SOUTH BELOIT	IL	61080	HM	S14330	F	VNY 143
MOORE	LISA M	600 ADAMS DR	MIDLAND	MI	48642	AF	S27725	F	VNY 277
MOORHEAD	ALYSHA C	579 LEBARON AVE	PONTIAC	MI	48340	AF	S04925	F	VNY 49
MOOS	KATHLEEN M	3738 10TH ST N	FARGO	ND	58102	HF	H26512	F	VNI 265
MORAN	BRENDA M	1020 CASCADE WAY #314	MANDAN	ND	58554	HP	S00422	P	VNY 4
MORAN	JESSICA M	1209 SCOTT AVENUE	PORT HURON	MI	48060	HP	S22322	P	VNY 223
MORGAN	LESLIE E	45 PINE TOP DR	WALTON	KY	41094	AF	S14825	F	VNY 148
MORGAN	CHALSEA I	829 NORTH AVENUE	BRADDOCK	PA	15104	LP	S18123	P	VNY 181
MORIN	VICKI L	2626 ATLANTIC DRIVE SOUTH	FARGO	ND	58103	HF	H26905	F	VNI 269
MORRIS	KAREN L	604 RAILROAD AVE N	LEONARD	ND	58052	S	H25907	F	VNI 259
MORRIS	ANNEMARIE	1001 COLLEGE DRIVE	MASON CITY	IA	50401	HP	S07722	P	VNY 77

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
MORRIS	DAYNA I	132 GRAHAM ST	SAGINAW	MI	48602	HM	S08430	F	VNY 84
MORRIS	MELISSA N	1608 30TH AVE S	FARGO	ND	58103	LP	S21223	P	VNY 212
MORRIS	JANA L	719 JOANIE LANE	SALINA	KS	67401	HP	S25122	P	VNY 251
MOTSCHENBACHER	JILL M	3211 43RD AVE SW	FARGO	ND	58104	S	H00105	F	VNI 1
MOTT	SAMANTHA R	420 2ND STREET	PITCAIRN	PA	15140	HP	S18122	P	VNY 181
MOURITSEN	ABIGAIL K	9697 S 2950 W	SOUTH JORDAN	UT	84095	HP	S12222	P	VNY 122
MUELLER	ASHLEY L	2777 TORBLEAU RD	SUN PRAIRIE	WI	53590	AF	S09825	F	VNY 98
MUELLER	SHELBY L	2308 TERMINAL AVE	GRANITE CITY	IL	62040	AF	S14125	F	VNY 141
MUELLER	MELANIE S	202 THIGPEN DR APT. 922	TYLER	TX	75703	HM	S17830	F	VNY 178
MUELLER	HALEY N	2631 E CRESTVIEW	SPRINGFIELD	MO	65804	HP	S23022	P	VNY 230
MUIR	STEFANIE R	3414 SW 42ND ST	DES MOINES	IA	50321	LP	S07323	P	VNY 73
MULKEY	SHELBY K	235 NE 60TH ST	TOPEKA	KS	66617	HP	S25522	P	VNY 255
MULLER	ELIZABETH A	300 N 2ND ST	MOVILLE	IA	51039	LP	S02823	P	VNY 28
MUMMAW	KYLE M	1405 SHANNON LAKES LN	INDIANAPOLIS	IN	46217	HP	S11222	P	VNY 112
MUNNELL	TYLER N	2439 RANCHO RD.	BILLINGS	MT	59102	HP	S01522	P	VNY 15
MURCHISON	JOCELYN L	3814 WALTON DR	LANSING	MI	48910	HP	S09622	P	VNY 96
MURI	JENSEN C	2213 BURLINGTON	BILLINGS	MT	59102	HP	S01522	P	VNY 15
MURPHEY	KAYLIN M	313 HOLMES RD APT 2	JONESBORO	AR	72401	HP	S20922	P	VNY 209
MURRAY	TATSIANA N	3380 CANYON DR.	BILLINGS	MT	59102	HP	S01522	P	VNY 15
MURRAY	SAMANTHA L	337 HYLANDE DRIVE	GREAT FALLS	MT	59405	HP	S03622	P	VNY 36
MURTAGH	CIARA' A	224 N ARCH ST	ABERDEEN	SD	57401	HP	S11122	P	VNY 111
MUSSER	KAYLA J	5503 W 9000 S M104	WEST JORDAN	UT	84081	HP	S12222	P	VNY 122
MUZAFIROVIC	AMRA	1142 OAK ST N	FARGO	ND	58102	HP	H26511	P	VNI 265
MYERS	ROSE M	3221 SOUTH OAKHILL AVE	JANESVILLE	WI	53546	HP	S04622	P	VNY 46
MYERS	SYDNEY N	37 TOWNSHIP ROAD 1118	DILLONVALE	OH	43917	HP	S10022	P	VNY 100
NABIULLA	NAZIA	10324 CREPE JASMINE LN	FORT MEYERS	FL	33913	HM	S21330	F	VNY 213
NAGRONE	JAELYN R	516 E 20TH AVE	POST FALLS	ID	83854	HP	S07622	P	VNY 76
NASH	DESEREE T	8815 W HAMPTON AVE	MILWAUKEE	WI	53225	HP	S20722	P	VNY 207
NAUMANN	HEATHER L	228 TONTI ST	LASALLE	IL	61301	HM	S14030	F	VNY 140
NEAL	CARRIN E	4383 QUEEN AVENUE	FRANKLIN	OH	45005	HP	S11522	P	VNY 115
NEATH	ALYSSA A	77 EAST BALLARD WAY	LOGAN	UT	84321	LP	S08823	P	VNY 88
NEELY	ADRIANNA L	1402 WOODLAND HILLS DR.	TYLER	TX	75701	LP	S17823	P	VNY 178
NEFF	AISLYNN D	513 23RD STREET	VIENNA	WV	26105	HP	S18322	P	VNY 183
NEITZKE	HALEY R	967 PLEASANT LN	DICKINSON	ND	58601	HP	S01922	P	VNY 19
NELSON	ADESSA R	310 HARTLEY ST PO BOX 834	COLERAINE	MN	55744	AF	S03225	F	VNY 32
NELSON	MARY E	5825 CROSSINGS BLVD 418	CANE RIDGE	TN	37013	HP	S08222	P	VNY 82
NELSON	JULIAN G	1724 10TH AVENUE	GREEN BAY	WI	54304	HP	S10622	P	VNY 106
NELSON	LETHA A	4615 BONNIE BRAE LOOP	CHEYENNE	WY	82009	HP	S12922	P	VNY 129
NEUMANN	DIANE M	316 1/2 WASHINGTON ST	WAUSAU	WI	54403	LP	S05123	P	VNY 51
NEWMAN	BRAILY A	4615 EAST 250 NORTH	RIGBY	ID	83442	HP	S07122	P	VNY 71
NEWMAN	PAIGE N	6370 COPPER PHEASANT DR.	DAYTON	OH	45424	LP	S11423	P	VNY 114
NGUYEN	HAI THI M	1621 3RD ST N	FARGO	ND	58102	WF	H26511	F	VNI 265
NGUYEN	NGA	3087 22ND ST S	FARGO	ND	58103	HP	H26511	P	VNI 265

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name		Home Address		City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
NGUYEN	BAU T	535 COUNTRY SIDE PARK		FARGO	ND	58103	WF	H26511	F	VNI	265
NGUYEN	CAM T	112 E ESSEX LN		FORT WAYNE	IN	46825	LP	S10823	P	VNY	108
NGUYEN	TIFFANY L	100 DAHLIA STREET		CASPER	WY	82604	AF	S12825	F	VNY	128
NICHOLS	JORDYN M	2801 DINEEN AVE	APT C	SCOTTSBLUFF	NE	69361	LP	S06723	P	VNY	67
NICHOLS	WHITNEY K	1233 S BURLINGTON DR		MUNCIE	IN	47302	HP	S11022	P	VNY	110
NICHOLSON	KAYLEE B	1036 7TH ST		ERWIN	TN	37650	HP	S08122	P	VNY	81
NICKLES	CORTNEY B	214 ROCKHOUSE RD		JOHNSON CITY	TN	37601	HP	S08122	P	VNY	81
NICOLAY	SLOAN L	144 NE 58TH		TOPEKA	KS	66617	LP	S25523	P	VNY	255
NICOLUSSI	LANI M	19 N OAKLAND DR		COLLINSVILLE	IL	62234	LP	S14123	P	VNY	141
NIETO	DALERY	138 W ANN DR		LONGVIEW	TX	75601	HP	S17922	P	VNY	179
NINO	SHANNON M	5339 OAKHILL DR		SWARTZ CREEK	MI	48473	HM	S09630	F	VNY	96
NINO	JESSICA A	6289 W STANLEY RD		MT MORRIS	MI	48458	HP	S27622	P	VNY	276
NOBLE	BAILEE S	305 SOUTH 500 EAST		HYRUM	UT	84319	HP	S08822	P	VNY	88
NOE	NASTASSIA M	309 N FERRY ST		OTTUMWA	IA	52501	HM	S24430	F	VNY	244
NOLAN	YOLANDA J	605 HOLMES ST W		DETROIT LAKES	MN	56501	HM	S02230	F	VNY	22
NOLAN	BRITTANY L	5455 33RD AVE S. APT 102		FARGO	ND	58104	HF	S29722	F	VNY	297
NORDSTROM	JAMIE C	150 SUMNER ST	#1	LA CROSSE	WI	54601	HM	S10530	F	VNY	105
NORTHCUTT	OSHAVONNA T	1955 OLD CASTLE DRIVE 307		MURFREESBORO	TN	37130	HP	S08222	P	VNY	82
NORTHROP	TANNER R	1726 DELAWARE ST		SAGINAW	MI	48602	HP	S08422	P	VNY	84
NORWOOD	IVERY M	739 30TH ST		OGDEN	UT	84403	HP	S07822	P	VNY	78
NOVAK	MEGAN E	2587 N RUNNING DEER LN		MIDLAND	MI	48642	HP	S27722	P	VNY	277
NUFFER	LASHAWN M	9309 BRISTOL RD		SWARTZ CREEK	MI	48473	AF	S27625	F	VNY	276
NUNEZ JIMENEZ	MARIA M	1917 N LAFAYETTE AVE		GRAND ISLAND	NE	68803	HP	S06522	P	VNY	65
NYLAND	FLORENCE E	8740 DAVENPORT ST NE		BLAINE	MN	55449	HP	S21222	P	VNY	212
OBERLE	ASHLEY K	823 W BARTLETT CT		PEORIA	IL	61604	HP	S20322	P	VNY	203
O'BRIEN	HEATHER R	359 NE SANDALWOOD		WAUKEE	IA	50263	HP	S07322	P	VNY	73
OCANDER	ASHLYN H	607 SOUTH 68TH STREET		OMAHA	NE	68106	HP	S06122	P	VNY	61
OGLE	KAYLA R	1307 DEER RUN		CARLSBAD	TX	76934	LP	S17323	P	VNY	173
OLDIGES	JENNIFER L	9143 BAYCREEK RD		ERIE	MI	48133	AF	S27525	F	VNY	275
OLIPHANT	CHELSEA P	219 GREENBRIAR ROAD		ALVATON	KY	42122	HP	S09222	P	VNY	92
OLIVEIRA	ADRIANO F	3510 28TH ST SW APT 107		FARGO	ND	58104	S	H26605	F	VNI	266
OLIVER	KAITLYN M	3301 E WASHINGTON ST		EAST PEORIA	IL	61611	HP	S20322	P	VNY	203
OLSON	KALLIE A	4801 W FRENCH AVE		EVELETH	MN	55734	HP	S04222	P	VNY	42
OLSON	KYLEE D	11311 DOBIE ST		AMARILLO	TX	79118	HP	S17122	P	VNY	171
O'NEAL	MAKENNA K	3164 NORTH COTNER BLVD		LINCOLN	NE	68507	HP	S06022	P	VNY	60
O'NEILL	ELIZABETH M	8189 CALLOW RD		LEROY	OH	44077	HP	S09022	P	VNY	90
OPEL	ASHLEY D	346 HOMEWOODROAD		PARKERSBURG	WV	26101	HP	S18322	P	VNY	183
OPPERMAN	MICHELLE L	24273 QUARRY RD		HAWKEYE	IA	52147	HP	S13022	P	VNY	130
ORTIZ	NAVIL	1659 GRANT AVE.		OGDEN	UT	84404	HM	S07830	F	VNY	78
ORTIZ	MARIBEL	18 W 17TH ST		SAN ANGELO	TX	76903	HP	S17322	P	VNY	173
ORTIZ RENGIFO	VALERY	305 E HICKORY AVE		ENID	OK	73701	HM	S19030	F	VNY	190
OST	MARIE C	2761 N TRAPPER LN		POST FALLS	ID	83854	HP	S01322	P	VNY	13
OSTMAN	EMBERLIE E	702 CHERRYWOOD CT	APT 2	MADISON	WI	53714	HM	S09830	F	VNY	98

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
OTTEN	CHYENNE A	141 VALLEY AVE APT 101	BURLINGTON	ND	58722	HP	S02622	P	VNY 26
OTTO-SPAULDING	ALIZABETH	7101 19 MILE RD	HOMER	MI	49245	AF	S09625	F	VNY 96
OVIEDO	ESMERALDA A	7686 E 20TH ST.	JOPLIN	MO	64801	AF	S23625	F	VNY 236
OWENS	BETHANY A	2700 ELIZABETH LAKE RD APT 133	WATERFORD	MI	48328	HP	S04922	P	VNY 49
OWENS	D' S	3115 SARAH ST	BEAUMONT	TX	77705	HP	S17422	P	VNY 174
PACKELL	MELISSA R	208 EAST BEAVER ST	JENKS	OK	74037	LP	S19923	P	VNY 199
PADILLA	PAOLA	505 5TH AVE W	JEROME	ID	83338	LP	S07223	P	VNY 72
PAGE	SAMANTHA N	2848 SHERWOOD DRIVE	LIMA	OH	45805	LP	S11623	P	VNY 116
PALACIOS	JULIA P	6207 36TH	LUBBOCK	TX	79407	HP	S17022	P	VNY 170
PALMER-SANTIZO	JORDIN S	6555 SE WYANDOTTE RD	CRESTLINE	KS	66728	HP	S23622	P	VNY 236
PARKER	ANGELA M	1410 W 1ST ST	GRAND ISLAND	NE	68801	AF	S06525	F	VNY 65
PARKER	REBEKAH L	3158 WEST LATOKA	SPRINGFIELD	MO	65807	LP	S23023	P	VNY 230
PARRISH	SUMMER N	3161 CRISCO LANE	MISSOULA	MT	59803	HP	S12622	P	VNY 126
PARRISH	DEONTE M	3433 WEST FALLEN OAK LN APT 1B	PEORIA	IL	61604	LP	S20323	P	VNY 203
PARSHLEY	SHANNA R	1431 ALBRECHT BLVD REED HALL	FARGO	ND	58102	HP	H26605	P	VNI 266
PASCOE	SHILIA K	1128 S. GREENWICH ST	GRAND ISLAND	NE	68801	LP	S06523	P	VNY 65
PASDECK	CARA D	615 E BERTOLINO AVE	NOKOMIS	IL	62075	HM	S20230	F	VNY 202
PASSINI	ORIANA M	606 BORAH AVE APT 5 PO BOX 252	TOVEY	IL	62570	LP	S20223	P	VNY 202
PATAKY	MEREDITH A	7777 S MINGO RD APT 320	TULSA	OK	74133	DM	H26406	F	VNI 264
PATTERMANN	GENNA M	1008 PENNSYLVANIA AVE	MENDOTA	IL	61342	HP	S14022	P	VNY 140
PAUL	JACKLYN	500 BOARDMAN CANFIELD RD APT 99	BOARDMEN	OH	44512	HP	S11722	P	VNY 117
PAULSEN	MADISON M	201 S 5TH AVE	BRANDON	SD	57005	HP	S01122	P	VNY 11
PAULUS	MADELYN K	2082 HICKORY AVE	ROCKFORD	IA	50468	HP	S07722	P	VNY 77
PAVICH	MEGHAAN L	12 SOUTHVIEW DR APT F	HIBBING	MN	55746	AF	S04225	F	VNY 42
PAYNE	LAUREN A	1013 RAMBLEWOOD DR	OFALLON	IL	62269	HP	S14122	P	VNY 141
PEARSON	DANNILLE N	2537 S. 25TH ST. APT. F	TERRE HAUTE	IN	47802	LP	S27123	P	VNY 271
PEAVLER	SHELAYNA	468 N 200 E	TREMONTON	UT	84337	HM	S08830	F	VNY 88
PEDERSON	HANNAH M	1786 RATHERMEL DR	FORT DODGE	IA	50501	HP	S13222	P	VNY 132
PEELER	KAITLYNN B	609 6TH ST. S.	GREAT FALLS	MT	59405	HP	S03622	P	VNY 36
PEREZ	PAOLA L	916 21 1/2 ROAD	GRAND JUNCTION	CO	81505	HP	S16722	P	VNY 167
PERKINS	ERIKA N	6206 OAKCREST LN	AMARILLO	TX	79106	LP	S17123	P	VNY 171
PERRY	JULIA H	1027 N PETERSBURG	MERIDIAN	ID	83642	LP	S07423	P	VNY 74
PERRY	JENNIFER M	9628 RAVENNA RD	CHARDON	OH	44024	HM	S09030	F	VNY 90
PERRY	MISTY M	5908 VERDI DR	WEST CARROLLTON	OH	45449	AF	S11425	F	VNY 114
PERRY	DAIJA R	8870 SOUTH STATE ST. G102	SANDY	UT	84070	HP	S12222	P	VNY 122
PETERS	CIERA A	12925 EAST MANSFIELD	SPOKANE VALLEY	WA	99216	HP	S07622	P	VNY 76
PETERS	ALICIA E	723 CLOVERDALE AVE	WATERLOO	IA	50703	HM	S13830	F	VNY 138
PETERS	BRIDGETTE M	1325 11TH AVE	BELVIDERE	IL	61008	HP	S14322	P	VNY 143
PETERSEN	BRITTANY A	615 2ND AVE NW	BELFEILD	ND	58622	LP	S01923	P	VNY 19
PETERSEN	TAYLYN G	7905 S. 2325 E.	SOUTH WEBER	UT	84405	HP	S09422	P	VNY 94
PETERSON	SAMANTHA M	7460 124TH ST NE	DEER RIVER	MN	56636	HP	S03222	P	VNY 32
PHAN	TRAC N	5552 20TH ST S	FARGO	ND	58104	S	H26510	F	VNI 265
PHIPPS	LYNELLE M	201 2ND AVE SW	WATERTOWN	SD	57201	HM	S02530	F	VNY 25

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
PIATZ	CHARISSE L	6860 750TH STREET	WHEATON	MN	56296	LP	S00523	P	VNY 5
PIFER	KERI M	5137 WOODSTOCK DR	SWARTZ CREEK	MI	48473	HP	S27622	P	VNY 276
PINALES	PRICILLA	6102 N ROAD 68 APT G106	PASOC	WA	99301	HP	S16322	P	VNY 163
PINKERTON	TIANA H	633 WEST 8TH ST	TYLER	TX	75701	HP	S17822	P	VNY 178
PIZZO	MEGAN E	206 E MALCOLM X ST APT 35	LANSING	MI	48933	LP	S09623	P	VNY 96
PLOCK	SHELBY D	627 TRAIL RIDGE RD	LINCOLN	NE	68505	LP	S06023	P	VNY 60
POLANSKI	LAURA J	3127 5TH ST E	WEST FARGO	ND	58078	S	H25807	F	VNI 258
POLASKY	VICTORIA M	20515 ASPEN DRIVE	GRAND RAPIDS	MN	55744	LP	S03223	P	VNY 32
PORTER	SOPHIA V	1057 35TH ST N APT 217	FARGO	ND	58102	HF	H26807	F	VNI 268
PORTER	MADISON L	3412 S MILAM	AMARILLO	TX	79109	HP	S17122	P	VNY 171
POSCH	COURTNEY J	4489 Woodhaven Drive	Fargo	ND	58104	S	H26807	F	VNI 268
POSTLETHWAIT	REBECCA S	6 NORWAY ROAD	PITTSBURGH	PA	15221	LP	S18123	P	VNY 181
POTTER	AMBER M	9312 W SMITH ST	YORKTOWN	IN	47396	LP	S11023	P	VNY 110
POWELL	SALLY P	21 BLASHACK ST APT 7 PO BOX 64	WALDORF	MN	56091	HP	S01222	P	VNY 12
POWELL	CERRIA R	513 6TH STREET P.O. BOX 233	MENLO	IA	50164	HP	S24522	P	VNY 245
PRALLE	ANNIE B	4424 Short Line Rd	Quincy	IL	62305-0568	LP	S14723	F	VNY 147
PRATER	HANNAH E	285 N RUTHERFORD BLVD GG03	MURFREESBORO	TN	37130	HP	S08222	P	VNY 82
PRATT	REBECCA C	5541 N NINA CT	COEUR D ALENE	ID	83815	HP	S01322	P	VNY 13
PREBISH	CHEYENNE T	253 GALAXY DR	CIRCLE PINES	MN	55014	LP	S21223	P	VNY 212
PRICE	AMBER R	714 20TH ST NW APT 10	EAST GRAND FORKS	MN	56721	LP	S00323	P	VNY 3
PRICE	ERIN H	805 BRADYVILLE PIKE APTP7	MURFREESBORO	TN	37130	AF	S08225	F	VNY 82
PRICE	MEGAN S	2406 91ST	LUBBOCK	TX	79423	HM	S17030	F	VNY 170
PRICE	KODIE S	1824 S COLLEGE	SPRINGFIELD	IL	62704	LP	S20223	P	VNY 202
PRINSEN	KRYSTAL L	N 9564 HICKORY DRIVE	APPLETON	WI	54915	HM	S04430	F	VNY 44
PROVOST	PATRICIA A	3501 N RIVER RD APT202H	FORT GRATIOT	MI	48059	LP	S22323	P	VNY 223
PRUITT	KEYONA K	516 FEDERAL COURT	MURFREESBORO	TN	37129	HP	S08222	P	VNY 82
PRUNTY	LISA A	3527 PHEASANT LN APT4	WATERLOO	IA	50701	LP	S13123	P	VNY 131
PURLING	MARGARET R	913 SE 44TH STREET	TOPEKA	KS	66609	HP	S25522	P	VNY 255
PURSCCELL	ASHLEY N	2242 IRONWOOD DR SW	ALTOONA	IA	50009	HP	S24522	P	VNY 245
PUTTERGILL	TAYLER	614 HALL CHURCH RD.	TRYON	NE	69167	LP	S06923	P	VNY 69
QUINN	MARGARET K	1632 51st St. S. Ste 310	FARGO	ND	58103	S	H00105	F	VNI 1
QUINN	ALISHA L	2680 OLD GLORY DR	ZANESVILLE	OH	43701	HP	S15222	P	VNY 152
QUINN	JUDY E	219 MAHAN DR	PARIS	IL	61944	HM	S27130	F	VNY 271
RADTKE	MEGAN E	5489 GOLFVIEW AVE N	OADKALE	MN	55128	HP	S22622	P	VNY 226
RAGSDALE	STACIE J	608 SARATOGA ST.	NEW HARTFORD	IA	50660	LP	S13023	P	VNY 130
RAMER	ARIEL N	2506 N ANTHONY BLVD	FORT WAYNE	IN	46802	LP	S10823	P	VNY 108
RAMIREZ	LINDSEY M	4121 EAST ROLLING MEADOWS	DEFIANCE	OH	43512	AF	S10825	F	VNY 108
RAMIREZ	BRIANNE M	2707 6TH AVE APT 24	CANYON	TX	79015	LP	S17123	P	VNY 171
RAMON	RAQUEL L	909 6TH ST SE	MASON CITY	IA	50401	LP	S07723	P	VNY 77
RAMOS	MARISSA R	6538 94TH	LUBBOCK	TX	79424	HP	S17022	P	VNY 170
RAMOS TORRES	STEPHANIE M	579 CORTE AMINO	FOUNTAIN	CO	80817	HP	S16422	P	VNY 164
RAMOZ	MICAELA E	5002 ORCHARD DR	SACHSE	TX	75048	HP	S17722	P	VNY 177
RANDALL	AMBER R	2005 BISON	GARDEN CITY	KS	67846	LP	S25023	P	VNY 250

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
RANDELL	BRIANNA M	2604 PLYMOUTH AVE	JANESVILLE	WI	53545	HP	S04622	P	VNY 46
RAPKIN	STEPHANIE D	70 COPPER WOODS	PITTSFORD	NY	14534	AF	S18525	F	VNY 185
RASMUSSEN	CHAYLA C	2342 FOOTHILL RD	AMMON	ID	83406	LP	S07123	P	VNY 71
RASMUSSEN	SHELBI A	3473 VAN BUREN AVE.	OGDEN	UT	84403	LP	S09423	P	VNY 94
RAYNOR	ALEXANDRA M	191 CHRIST SCHOOLE RD	ARDEN	NC	28704	LP	S21823	P	VNY 218
REDETZKE	SHELBY L	25445 477TH AVE	GARRETSON	SD	57030	HP	S01122	P	VNY 11
REED	KATE L	3207 12TH ST S	MOORHEAD	MN	56560	HF	H26406	F	VNI 264
REED	DONNA E	100 N 3RD ST #415	MOORHEAD	MN	56560	WF	H26511	F	VNI 265
REED	BRITTANY M	23139 BAGLEY LK RD	LEONARD	MN	56652	LP	S00923	P	VNY 9
REED	LUCILLE L	1905 W APPLEWAY AVE APT C36	COEUR D'ALENE	ID	83814	HM	S01330	F	VNY 13
REED	AMBERLYN R	1511 W 1ST	NORTH PLATTE	NE	69101	HP	S06922	P	VNY 69
REED	GAEBRIELLE A	4186 W HIGH MEADOW DR	GARDEN CITY	ID	83714	HP	S07422	P	VNY 74
REED	KILEY A	6608 SONESTA DR	INDIANAPOLIS	IN	46217	HP	S11222	P	VNY 112
REESE	GABRIELLE A	2159 W SHAWNA AVE	COEUR D' ALENE	ID	83815	HP	S01322	P	VNY 13
REGER	ALYSSA J	14150 HILL N DALE DR	WASECA	MN	56093	AF	S00925	F	VNY 9
REHM	ELISSA A	401 WEST MAPLE AVE APT 204	FRAZEE	MN	56544	HP	S02222	P	VNY 22
REICHERT	JESSICA A	8514 STATE ST	QUINCY	IL	62304	HP	S14722	P	VNY 147
REID	LAUREN E	347 CHESTNUT CIR W	DAVISON	MI	48423	LP	S04923	P	VNY 49
RENFRO	CHRISTAN M	2420 GREENBRIAR DR APT C	MANHATTAN	KS	66502	AF	S25425	F	VNY 254
RENICK	TIFFANY S	386 KIRBY POE ROAD	ALVATON	KY	42122	HP	S09222	P	VNY 92
RENSI	KODI M	86280 MILLER STATION ROAD	HOPEDALE	OH	43976	HP	S10022	P	VNY 100
RESSEO	PATIENCE L	4605 KAPPUS DRIVE APT #11	EAU CLAIRE	WI	54701	HP	S10422	P	VNY 104
REYES	VANESSA D	1106 CULBERSON	SAN ANGELO	TX	76903	LP	S17323	P	VNY 173
REYES	KRISTEN M	511 GRANT AVE APT 3	MORGANTOWN	WV	26505	HM	S18430	F	VNY 184
REYES	JASLINE F	1710 W NEIL STR	GARDEN CITY	KS	67846	HP	S25022	P	VNY 250
REYNEN	SABRINA N	335 E FIELDSTONE CIRCLE APT 4	OAK CREEK	WI	53154	HP	S04822	P	VNY 48
REYNOLDS	JESSICA M	16428 HAVENWOOD DRIVE	WOODBURN	IN	46797	DM	H26406	F	VNI 264
REYNOZA	JENNIFER M	836 PRAIRIE MEADOW CT.	WATERLOO	IA	50701	LP	S13123	P	VNY 131
RHODES	WILESHA L	55 LOGANWOOD DR	CENTERVILLE	OH	45458	HP	S11522	P	VNY 115
RICE	TATIANA A	6030 SOUTH OAK STREET	CASPER	WY	82601	HP	S12822	P	VNY 128
RICHARD	OLIVIA D	6570 FRIDLEY ST NE	FRIDLEY	MN	55432	HP	S21222	P	VNY 212
RICHARDSON	DA'JEON B	1412 NW HILLTOP LN	GRAIN VALLEY	MO	64029	HP	S05422	P	VNY 54
RICHARDSON	MADISON J	2785 83RD AVE	GREELEY	CO	80634	HP	S16622	P	VNY 166
RICHARDSON	MEGAN M	610 N COOPER ST	PEORIA	IL	61606	HP	S20322	P	VNY 203
RIECKE	BRITTANY K	6632 RUBY SPRINGS PARKWAY	AUBURN	IN	46706	HP	S10822	P	VNY 108
RIENDEAU	JOANNA L	3400 B NIKKI COURT	LONGVIEW	TX	75604	HP	S17922	P	VNY 179
RIGGIN	CAMERON S	15318 N NEPTUNE ST	MEAD	WA	99021	HP	S07522	P	VNY 75
RILEY	RACHEL O	123 SE MOORE RD	SAINT JOSEPH	MO	64504	LP	S23323	P	VNY 233
RINGSTROM	BRITTANY R	PO BOX 462	AUDUBON	MN	56511	LP	S02223	P	VNY 22
RIVERA	MADISON M	765 ALTURAS DR N	TWIN FALLS	ID	83301	HP	S07222	P	VNY 72
RIVERA HERNANDEZ	GRACIELA	726 CENTER AVE.	OTTUMWA	IA	52501	LP	S24423	P	VNY 244
ROBBINS	KALEIGH R	2202 PINE ST	BUTTE	MT	59701	HP	S03522	P	VNY 35
ROBERTS	MCKENNA F	252 STONE LAKE RD NW	BEMIDJI	MN	56601	HP	S00922	P	VNY 9

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
ROBERTS	KYRA N	6149 VICTORIA LANE	BILLINGS	MT	59106	HP	S01522	P	VNY 15
ROBERTS	ALIVIA C	4110 E PINE BLUFF DR	MERIDIAN	ID	83642	HP	S01922	P	VNY 19
ROBERTS	NEALEE R	506 GOLF COURSE ROAD	GRAND RAPIDS	MN	55744	HP	S03222	P	VNY 32
ROBERTS	ALEXUS D	912 E SITKA AVE B-309	SPOKANE	WA	99208	LP	S07623	P	VNY 76
ROBINETTE	BROOKE L	339 LOCUST	TWIN FALLS	ID	83301	HP	S07222	P	VNY 72
ROBSON	JAMIE L	4621 WOODHURST	AUSTINTOWN	OH	44515	LP	S11723	P	VNY 117
ROCHOLL	MADDISON R	26973 CO HWY 21	FERGUS FALLS	MN	56537	HP	S00722	P	VNY 7
ROCKWELL	HALEY K	1224 MINNS DRIVE	MACHESNEY PARK	IL	61115	AF	S04625	F	VNY 46
RODDEN	MADISON M	1605 20TH AVE CT	GREELEY	CO	80631	LP	S16623	P	VNY 166
RODE	BENJAMIN C	1721 39TH SW APT 202	FARGO	ND	58103	HP	H26305	P	VNI 263
RODRIGUEZ	MAYRANI	5609 W CLAY ST	SIOUX FALLS	SD	57106	LP	S01123	P	VNY 11
RODRIGUEZ	RAQUEL M	1282 30TH LANE	PUEBLO	CO	81006	HP	S16522	P	VNY 165
RODRIGUEZ	SHANNON L	6115 GOLDFINCH DR	PLEASANT HILL	IA	50327	LP	S24523	P	VNY 245
ROEHRICH	PAYTON R	1505 CANYON RD SW	MANDAN	ND	58554	HP	S00422	P	VNY 4
ROGERS	ABBY J	308 10TH ST S	MOORHEAD	MN	56560	S	H26708	F	VNI 267
ROHWEDDER	AMY D	1536 JAMES DR	N MANKATO	MN	56003	HM	S01230	F	VNY 12
ROSALLES	LUCIA M	6901 SOUTH 8TH ST	FORT SMITH	AR	72908	AF	S21025	F	VNY 210
ROSE	JAMIRA M	385 COLORADO DR	XENIA	OH	45385	HP	S11422	P	VNY 114
ROSEWELL	CHLOE N	213 NE PASEO PL	BLUE SPRINGS	MO	64014	HP	S05422	P	VNY 54
ROSSER	ALISHA M	2414 EL RIO DR	MINOT	ND	58701	FR	S02622	P	VNY 26
ROUNDY	BRITTANY J	1445 WEST GATEWAY CIRCLE APT 25	WEST FARGO	ND	58078	HP	S00522	P	VNY 5
ROUSSLANG	MEGAN A	3102 23RD ST S	FARGO	ND	58103	HP	S00522	P	VNY 5
ROWAN	BREANNA D	1139 BIG SHANNON RUN ROAD	MOUNT MORRIS	PA	15349	LP	S18423	P	VNY 184
RUCH	SHERIDAN D	2410 GRAND AVE.	JOPLIN	MO	64804	LP	S23623	P	VNY 236
RUEL	CARSON T	523 SPRINGEN AVE	FERGUS FALLS	MN	56537	HP	S00722	P	VNY 7
RUFF	PAIGE M	2307 W 42ND ST #64	SCOTTSBLUFF	NE	69361	HM	S06730	F	VNY 67
RUNGE	KAYLA L	1601 6TH PLACE SE	MASON CITY	IA	50401	HM	S07730	F	VNY 77
RUPPERT	SHELBY R	206 E MCALLISTER	BATTLE CREEK	NE	68715	AF	S06825	F	VNY 68
RUSS	MISHA O	2221 N. BESSIE RD.	SPOKANE	WA	99212	HP	S07622	P	VNY 76
RUSSELL	CASSANDRA L	6219 24th ST S	FARGO	ND	58104	S	H25707	F	VNI 257
RUSSELL	ZOEY M	1332 STARLITE CIRCLE	JOPLIN	MO	64801	HP	S23622	P	VNY 236
RUSSELL	MORGAN E	332 S WOODWARD	SALINA	KS	67401	HP	S25122	P	VNY 251
RUST	SARRA K	6415 FRAZEYSBURG RD	NASHPORT	OH	43830	HP	S15222	P	VNY 152
RUTHERFORD	DENESHA M	5726 N EASTVUE CT	PEORIA	IL	61615	LP	S20323	P	VNY 203
SAAKE	MADELINE M	4804 RINGER WOODS PL CT	ST LOUIS	MO	63129	HP	S23522	P	VNY 235
SAARI	ASHLEY K	600 NORTH MAIN ST	PINE ISLAND	MN	55963	LP	S22023	P	VNY 220
SADORF	HANNAH E	252 EXECUTIVE AVE APPT 1A	CLARKSVILLE	TN	37042	AF	S08325	F	VNY 83
SAFRIS	VASILY R	2949 PRAIRIE ROSE DR	NORWALK	IA	50211	HP	S07322	P	VNY 73
SALDANA	RAVIN J	533 12TH ST NW	PERHAM	MN	56573	LP	S02023	P	VNY 22
SALE	ERYN L	4813 RUSTY LN	BARTONVILLE	IL	61607	HP	S20322	P	VNY 203
SALOKA	NFIAOBARI H	815 GOLFVIEW LANE	ST.CLOUD	MN	56301	HP	S02722	P	VNY 27
SALTER	ASHLEY R	1750 RATHERMEL DR.	FORT DODGE	IA	50501	LP	S13223	P	VNY 132
SALYER	CHLOE I	484 BEARFIELD ROAD	CHUCKY	TN	37641	HP	S08122	P	VNY 81

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name		Home Address		City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
SANCHEZ	KAREN A	628 BRUNNER DRIVE		CINCINNATI	OH	45240	HP	S12422	P	VNY	124
SANCHEZ	DEVAN M	33 APOLLO LANE		PUEBLO	CO	81001	LP	S16523	P	VNY	165
SANCHEZ	ASHLEY Y	708 N CALHOUN STREET		MIDLAND	TX	79701	LP	S17623	P	VNY	176
SANDER	HOPE M	8468 BRIAN COURT NE		BEMIDJI	MN	56601	HP	S00922	P	VNY	9
SANDOVAL	VIVIANA	7628 S SONCY RD 230		AMARILLO	TX	79119	HM	S17130	F	VNY	171
SANDY	TRICIA L	932 CARLOS DR		LINCOLN	NE	68505	HM	S06030	F	VNY	60
SAPPINGFIELD	CYNTHIA A	96 PINE ST		LAWTON	IA	51030	LP	S02823	P	VNY	28
SARLES	SHANNA R	112726 S 4730 RD		MULDROW	OK	74948	HP	S21022	P	VNY	210
SAUTER	GRACIE D	1715 PARKVIEW AVE		ST JOSEPH	MO	64504	HP	S23322	P	VNY	233
SAWICKI	EMILY P	3002 EDGEWOOD DR		ENID	OK	73703	LP	S19023	P	VNY	190
SAYERS	SARAH L	5412 2ND AVE WEST		WILLISTON	ND	58801	HP	S02022	P	VNY	20
SCAPIN	KARA A	23 B BROOKDALE RD		WOODFIN	NC	28804	HP	S21822	P	VNY	218
SCARBOROUGH	TIFFANY G	1736 WINNE DRIVE		MANHATTAN	KS	66502	HP	S25422	P	VNY	254
SCHAEFER	PHOENIX K	1125 N 17TH ST		BISMARCK	ND	58501	LP	S00423	P	VNY	4
SCHAEFFER	BRITTANY V	1409 N 1ST ST		ABERDEEN	SD	57401	HP	S11122	P	VNY	111
SCHEMMEL	DESTINY M	3308 7TH AVE		SIOUX CITY	IA	51106	HP	S02822	P	VNY	28
SCHIFFELBEIN	TAYLOR M	2712 ASH		HAYS	KS	67601	HP	S21422	P	VNY	214
SCHMIDT	HAYLI E	7843 PINEHILL RD		LEWIS CENTER	OH	43035	HP	S15222	P	VNY	152
SCHNEBERGER	MADISON D	911 E PINE AVE		COEUR D'ALENE	ID	83814	HP	S01322	P	VNY	13
SCHNEIDER	SAMANTHA R	3403 N MOUNTIAN ST		WAUSAU	WI	55401	AF	S05125	F	VNY	51
SCHNIEDERS	HALEY J	37 JULIE LN		ST PETERS	MO	63376	HP	S23422	P	VNY	234
SCHNIPKOWEIT	SHELBY L	513 5th Ave		Clarence	IA	52216-9404	HM	S13730	F	VNY	137
SCHOEMAKER	JAMIE L	405 THORNTON STREET		NEWPORT	KY	41071	HM	S14830	F	VNY	148
SCHOEN	KAITLIN S	4226 CASA BRAZILIA DR	APT B	ST LOUIS	MO	63129	LP	S23523	P	VNY	235
SCHOENDALLER	KAYLIE M	2027 METRO LN		HAYS	KS	67601	LP	S21423	P	VNY	214
SCHOENEWE	HEATHER N	115 SHADY LN		WEST BURLINGTON	IA	52655	AF	S13925	F	VNY	139
SCHOENHERR	SARAH J	1613 EASTLAND AVE		LAWTON	IA	51030	HP	S02822	P	VNY	28
SCHOLLARS	NICHOLE M	2626 E MARGATE COURT		EAGLE	ID	83616	LP	S08823	P	VNY	88
SCHRADER	ALEXA R	13802 ELVINA DR		LEO	IN	46765	HP	S10822	P	VNY	108
SCHROEDER	CERA L	2526 2ND AVE NO		GREAT FALLS	MT	59401	HM	S03630	F	VNY	36
SCHUMACHER	ASHLEY R	2624 S GLASS ST		SIOUX CITY	IA	51106	LP	S02823	P	VNY	28
SCHUMACHER	KENNEDY J	2816 WATERVIEW DR		ABERDEEN	SD	57401	HP	S11122	P	VNY	111
SCHUTZ	STACI E	1014 7TH ST S	APT 2	FARGO	ND	58103	AF	S29725	F	VNY	297
SCOTT	ZACHARY P	4305 TWAIN CIR	APT 302	AMES	IA	50014	FR	S07322	P	VNY	73
SCOTT	JOCELYN A	1426 MAYNARD DR.		INDIANAPOLIS	IN	46227	HP	S11222	P	VNY	112
SCOTT	JASMINE A	715 AMARILLO ST.		BEAUMONT	TX	77701	HP	S17422	P	VNY	174
SELI	HANNAH L	936 ST CLAIR ST		OFALLON	IL	62269	HP	S14122	P	VNY	141
SEWARD	MEGAN T	2049 AUTUMN LN		IDAHO FALLS	ID	83404	HP	S07122	P	VNY	71
SEYBOLD	BRIANNA L	506 STATE ST		MIDLAND	MI	48640	LP	S27723	P	VNY	277
SHABACK	ALEXUS L	68655 CHERMONT ROAD		BRIDGEPORT	OH	43912	LP	S10023	P	VNY	100
SHADDY	MADISEN L	1118 HILLCREST DR		ENID	OK	73701	HP	S19022	P	VNY	190
SHAFFER	SABRINA M	923 MUIRFIELD CIRCLE		BOWLING GREEN	KY	42104	HP	S09222	P	VNY	92
SHALLCROSS	SARA E	41 SOUTH 4TH ST.	APT. 3B	ZANESVILLE	OH	43701	HP	S15222	P	VNY	152

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
SHANKS	SAMANTHA K	3815 WELCOME AVE N	CRYSTAL	MN	55422	LP	S21223	P	VNY 212
SHANNON	ORIANNA J	730 CEDARLAWN RD	WATERFORD	MI	48328	HP	S04922	P	VNY 49
SHARP	JORDAN L	1001 N Patrick St Apt A11	Jonesboro	AR	72401-8777	LP	S20923	P	VNY 209
SHAUGER	HALLIE E	1528 N HICKS RD	MIDLAND	MI	48640	LP	S27723	P	VNY 277
SHAW	SAMANTHA E	3211 VERNON ST APT 2	DULUTH	MN	55806	HP	S00222	P	VNY 2
SHEA	JILL M	348 EDGEWATER DR	WEST FARGO	ND	58078	S	H00105	F	VNI 1
SHEFFER	NICOLE R	3287 SIMPSON RD	FORT GRATIOT	MI	48059	HP	S22322	P	VNY 223
SHELLS	QUANDRA S	724 JEFFERSON STREET	KERNERSVILLE	NC	27284	HM	S21930	F	VNY 219
SHETLEY	MEGIN W	202 E 5TH	HAYS	KS	67601	AF	S21425	F	VNY 214
SHIELDS	SIDNEY M	1411 NOLAN DR	GRAIN VALLEY	MO	64029	HP	S05422	P	VNY 54
SHOEMAKER	MICHAELA K	812 BASSETT ST	OFALLON	IL	62269	HP	S14122	P	VNY 141
SHOUP	SAMANTHA M	8090 MAPLE STREET	SWARTZ CREEK	MI	48473	HP	S27622	P	VNY 276
SIEG	CORTNEY M	4912 IONA BEACH ROAD	EAU CLAIRE	WI	54703	HP	S10422	P	VNY 104
SILVA	JESSICA A	4933 E OAKWOOD DR	PLEASANT HILL	IA	50327	HM	S24530	F	VNY 245
SIMMONS	MIEYA D	8 SAINT CROIX APT A	GREENSBORO	NC	27410	HP	S21722	P	VNY 217
SIMON	BRIANA R	708 WRIGHT CT	RAPID CITY	SD	57701	HM	S01830	F	VNY 18
SISTOS	VANESSA M	4914 58TH	LUBBOCK	TX	79414	HP	S17022	P	VNY 170
SITZ	SHANNA C	5917 67TH APT 1302	LUBBOCK	TX	79424	LP	S17023	P	VNY 170
SIVONEN	CASEY A	PO BOX 1073	BELGRADE	MT	59714	LP	S01623	P	VNY 16
SKALSKY	KEVIN W	303 3RD AVE NW	DILWORTH	MN	56529	S	H25807	F	VNI 258
SKIBBY	ELIZABETH A	267 GRANDVIEW DRIVE S	TWIN FALLS	ID	83301	LP	S07223	P	VNY 72
SKIEF	LECARION L	3100 ST HWY 31 E APT 522	TYLER	TX	75702	HP	S17822	P	VNY 178
SLAGLE	KRISTEN R	956 ARBOR GREEN DR	ST CHARLES	MO	63304	HP	S23422	P	VNY 234
SLAUGHTER	ASTASIA	1331 LARPEUR AVE E	MAPLEWOOD	MN	55109	HP	S22622	P	VNY 226
SMITH	KATHERINE M	213 7TH ST S	VIRGINIA	MN	55792	LP	S04223	P	VNY 42
SMITH	CJ L	3737 E MARTIN AVE	CUDAHY	WI	53110	LP	S04823	P	VNY 48
SMITH	SHAWNEE	2210 GAIL DRIVE	POCATELLO	ID	83201	HP	S07022	P	VNY 70
SMITH	TABITHA L	1127 W NEELY AVE	MUNCIE	IN	47303	HP	S11022	P	VNY 110
SMITH	BRENNA C	2016 UNIVERSITY BLVD	LIMA	OH	45805	HP	S11622	P	VNY 116
SMITH	CASSANDRA A	PO BOX 244	WINONA	IL	61377	AF	S14025	F	VNY 140
SMITH	MAKAYLA L	1620 SHEREORNE DR	BELLEVILLE	IL	62226	LP	S14123	P	VNY 141
SMITH	VANESSA L	215 N BUCHANAN AVE	PALMYRA	MO	63461	HP	S14722	P	VNY 147
SMITH	TAYLOR B	455 GILES ST	BEAUMONT	TX	77705	HP	S17422	P	VNY 174
SMITH	HUNTER A	107 DIAMOND DRIVE	DAVISVILLE	WV	26142	HP	S18322	P	VNY 183
SMITH	JADE S	8201 STANLEY ROAD	BLOOMINGTON	MN	55347	LP	S21323	P	VNY 213
SMITH	ASHLEY B	1901 S HARLEM	JOPIN	MO	64804	HM	S23030	F	VNY 230
SMITH	BROOKE R	209 BRIARWOOD DR	WATERLOO	IL	62298	LP	S23523	P	VNY 235
SMITH	HANNAH A	1334CLAY AVE	TERRE HAUTE	IN	47805	HP	S27122	P	VNY 271
SNYDER	MADELINE E	776 SOUTH HILLS DR	MORGANTOWN	WV	26501	HP	S18422	P	VNY 184
SOLOMON-RUSSELL	GABRIELLE	18902 E POWAHATAN PL	INDEPENDENCE	MO	64056	HP	S05422	P	VNY 54
SORENSEN	OLIVIA K	1109 4TH ST SW	MASON CITY	IA	50401	HP	S07722	P	VNY 77
SPENCER	AMBER N	1225 S 6TH AVE	WAUSAU	WI	54401	HM	S05130	F	VNY 51
STACEY	ERIN E	PO BOX 834	FLORENCE	MT	59833	HP	S12622	P	VNY 126

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
STALLING	ALYSSA M	1322 1/2 MAPLE AVE	ZANESVILLE	OH	43701	LP	S15223	P	VNY 152
STAMNESS	SAMANTHA J	11537 36X ST SW	DICKINSON	ND	58601	LP	S01923	P	VNY 19
STANLEY	STEPHANIE M	300 MEADOWBROOK AVE	BOARDMAN	OH	44512	AF	S11725	F	VNY 117
STANTON	ALESIA M	109 W. WAPELLO ST.	AGENCY	IA	52530	HP	S24422	P	VNY 244
STEBNER	JANET A	1518 SUNTREE DR	WEST FARGO	ND	58078	HF	H26205	F	VNI 262
STEELY	DESTINY S	2705 SHAMROCK DRIVE	SAN ANGELO	TX	76904	HP	S17322	P	VNY 173
STEFFEY	JADA A	127 PINE KNOT LN	JOHNSON CITY	TN	37601	HP	S08122	P	VNY 81
STEINBAUGH	DANAE L	95 S 900 W	BLACKFOOT	ID	83221	LP	S07023	P	VNY 70
STEINBRINK	CHELSEY M	611 2ND STREET NORTH	ST.JAMES	MN	56081	LP	S01223	P	VNY 12
STENVOLD	BRITTNEY R	402 28TH AVE N	FARGO	ND	58102	HF	S29722	F	VNY 297
STERLING	EVONNA M	2103 SE 11TH TERRACE	TOPEKA	KS	66607	HP	S25522	P	VNY 255
STERNER	ELIZABETH L	38377 SHEERWATER LN	WILLOUGHBY	OH	44094	HP	S09022	P	VNY 90
STESHETZ	ASHLEY M	2490 VALIANT LANE	GREEN BAY	WI	54304	HP	S10622	P	VNY 106
STEVENS	JENNA K	1241 HUBER DR.	MONROE	MI	48162	HP	S27522	P	VNY 275
STEVES	SARAH A	322 SW SALINE ST.	TOPEKA	KS	66606	LP	S25523	P	VNY 255
STOEN	CHRISTOPHER J	3219 2ND ST N	FARGO	ND	58102	HP	S29722	P	VNY 297
STONE	ALEXUS E	935 BURLEY AVE	BUHL	ID	83316	HP	S07222	P	VNY 72
STONE	JANELLE A	5524 N AUDUBON ST	SPOKANE	WA	99205	LP	S07523	P	VNY 75
STONE	BRIANNA M	334 S RAYMOND RD	WATERLOO	IA	50703	HP	S13022	P	VNY 130
STONESTREET	MEGAN M	745 RINGHOFF ROAD	BURBANK	WA	99323	LP	S16323	P	VNY 163
STOOS	AHNIE N	W7886 WINDMILL ST	HOLMEN	WI	54636	AF	S10525	F	VNY 105
STOUT	DESTINY K	11 RIEL VALLEY RD	LEICESTER	NC	28748	HP	S21822	P	VNY 218
STRACHOTA	KAILEY M	1118 27TH AVE S APT 6	GRAND FORKS	ND	58201	HP	S00322	P	VNY 3
STRAIT	ALEXANDRIA E	245 RIDGEWOOD DR	HIAWATHA	IA	52233	LP	S13723	P	VNY 137
STRATE	ADDISON P	3345 WEST ADAMS ST	ST. CHARLES	MO	63301	LP	S23423	P	VNY 234
STREGE	DIANNE M	804 MYRTLE ST	BUFFALO	MN	55313	HM	S21230	F	VNY 212
STROM	ASHLEY M	879 E DEWEY AVE	YOUNGSTOWN	OH	44502	HP	S11722	P	VNY 117
STRUCKMAN	TARYN D	509 W CAMPBELL APT C	GARDEN CITY	KS	67846	HP	S25022	P	VNY 250
STRUGGS	TIFFANY R	2400 BRECKENRIDGE	TYLER	TX	75702	HP	S17822	P	VNY 178
STULTZ	DANNIELLE R	117 7TH AVE NE	MINOT	ND	58703	HM	S02630	F	VNY 26
SUITTER	JESSICA L	2333 N ROY DR	IDAHO FALLS	ID	83401	HM	S07030	F	VNY 70
SUNDE	ANGELA M	2507 AMBER VALLEY CT S	FARGO	ND	58103	S	H26605	F	VNI 266
SVENDSEN	KELSI F	913 W COURT ST	PIERCE	NE	68767	HP	S06822	P	VNY 68
SWEET	DOMINIQUE K	1622 S 32ND ST	MILWAUKEE	WI	53215	HP	S04822	P	VNY 48
SWEET	AMARIAH D	2771 WINDWALKER COURT	MURFREESBORO	TN	37128	HP	S08222	P	VNY 82
SWIFT	KALI B	6044 FILLY LANE	JOPLIN	MO	64804	LP	S23623	P	VNY 236
SYMENS	TONI R	41354 116TH ST	CLAREMONT	SD	57432	HP	S02522	P	VNY 25
SZILASI	ANA	220 LAKE ST	MANDAN	ND	58554	HM	S00430	F	VNY 4
TAHRAN	COLE J	808 9TH AVE NE	DILWORTH	MN	56529	HP	H26510	P	VNI 265
TALLEN	CHEYENNE E	1253 E Rosebrier St	Springfield	MO	65804-3638	HP	S23022	P	VNY 230
TARVER	DESIRAE N	3755 NORTHERN PIKE	MONROEVILLE	PA	15146	HP	S18122	P	VNY 181
TAYLOR	TORI LYNN D	1343 ROMESTREET	BILLINGS	MT	59105	HP	S01522	P	VNY 15
TAYLOR	REGAN N	2828 W 1625 N	PLAIN CITY	UT	84404	HP	S07822	P	VNY 78

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
TAYLOR	BRANDI L	456 SANDIA DR	GRAND JUNCTION	CO	81507	LP	S16723	P	VNY 167
TAYLOR	ERIEL M	9415 GROSS ST	BEAUMONT	TX	77707	HP	S17422	P	VNY 174
TAYLOR	AMANDA L	922 SUMMER LEAF DR	ST PETERS	MO	63376	LP	S23423	P	VNY 234
TAYLOR	JORDAN E	8132 INGALLS STREET	SWARTZ CREEK	MI	48473	HP	S27622	P	VNY 276
TAYLOR SMITH	SHYANNE C	3882 GRANADA WAY N	OAKDALE	MN	55128	HP	S22622	P	VNY 226
TEET	MIKAYLA F	5801 BOX CANYON CIR	LINCOLN	NE	68516	LP	S06023	P	VNY 60
TEJEDA-SALAS	MARY C	605 DARLING ST	OGDEN	UT	84403	HP	S07822	P	VNY 78
TEMPEL	HALEY N	2530 MOULTON ST	BUTTE	MT	59701	HP	S03522	P	VNY 35
THACKER	SAVANNAH M	4825 SHELBY ST	INDIANAPOLIS	IN	46227	AF	S11225	F	VNY 112
THEISEN	JENELLE A	3828 BLONDIE ST APT 203	BOZEMAN	MT	59718	HP	S01622	P	VNY 16
THELANDER	LEAH J	3900 E 12TH ST #136	CASPER	WY	82609	HM	S12830	F	VNY 128
THELEN	ELISABETH C	289 MAPLE AVE	FOND DU LAC	WI	54935	LP	S04423	P	VNY 44
THEROUX	BRANDY L	12340 CHICKAMAN LANE	LOLO	MT	59847	LP	S12623	P	VNY 126
THOMAS	BRIANNA M	172 CREEK VIEW DRIVE	CHILLICOTHE	OH	45601	LP	S11423	P	VNY 114
THOMAS	BETSY A	420 HOLLAND DR	TRENTON	OH	45067	HP	S12422	P	VNY 124
THOMAS	VANESSA A	49 MAC GREGOR RD	PUEBLO	CO	81001	LP	S16523	P	VNY 165
THOMPSON	PATIENCE L	1206 27TH AVE S APT 203	MOORHEAD	MN	56560	HP	S00522	P	VNY 5
THOMPSON	BRIONI E	8561 W FAIRVIEW AVE #102	BOISE	ID	83704	AF	S07425	F	VNY 74
THOMPSON	JESSICA M	4309 FENWICK DR	NEW HAVEN	IN	46774	HP	S10822	P	VNY 108
THOMPSON	CHRISTINA E	51363 TOWNSHIP ROAD 146 B	COSHOCTON	OH	43812	LP	S15223	P	VNY 152
THORN	SHEENA D	1010 39T STREET	VIENNA	WV	26105	AF	S18325	F	VNY 183
THORNE	KEMBERLI D	231 E ADAMS APT 14	VIRGINIA	IL	62691	HP	S20222	P	VNY 202
THORNELL	MADISON L	938 E MAPLE AVE	MIAMISBURG	OH	45342	HP	S11522	P	VNY 115
THORNLEY	JAZLYNN D	5604 KENNEDY DR	CHEYENNE	WY	82001	LP	S12923	P	VNY 129
THUMA	MADISON A	6729 SW MONTARA	TOPEKA	KS	66619	HP	S25522	P	VNY 255
TISDALE	AMBER D	620 BRYSON #204	YOUNGSTOWN	OH	44502	HP	S11722	P	VNY 117
TOLLEFSON	DANE	405 35TH AVE E	WEST FARGO	ND	58078	S	H00105	F	VNI 1
TORRES	REHNEA L	2338 CR 7650	LUBBOCK	TX	79423	LP	S17023	P	VNY 170
TORRES VEGA	NOMAITZEL	3224 FOXRIDGE DR.	COLORADO SPRING	CO	80916	HP	S16422	P	VNY 164
TOSCANO CAMACHO	CATHERINE	4330 E PAULDING RD	FORT WAYNE	IN	46816	HP	S10822	P	VNY 108
TOSTADO ESPINO	MARIA E	515 STATE STREET	SALINA	KS	67401	LP	S25123	P	VNY 251
TOY	ALEXANDRA B	5058 N PECONGA DR	MARION	IN	46952	LP	S11023	P	VNY 110
TRAN	HIEN M	1902 31 AVE S	FARGO	ND	58103	WF	H26510	F	VNI 265
TREVINO	CHRISCELDA I	1349 OLYMPIA DRIVE	JEROME	ID	83338	LP	S07223	P	VNY 72
TRIPLETT	ASHLEY H	609 MAIN STREET PO BOX 547	FILER	ID	83328	LP	S07223	P	VNY 72
TRIPP	EMILY G	2808 MARKAY ST SE	ROCHESTER	MN	55904	HP	S22022	P	VNY 220
TRISKA	LAUREN Q	2841 SHERWOOD CT	BURLINGTON	KY	41005	LP	S14823	P	VNY 148
TRITCH	TAYLOR N	1112 10TH N ST	FARGO	ND	58103	HP	S00522	P	VNY 5
TROUTMAN	MONICA L	2295 WOODPARK DR	COLORADO SPRING	CO	80951	HM	S16430	F	VNY 164
TRUJILLO	SADIE D	672 N 3530 EAST	MENAN	ID	83434	FR	S07122	P	VNY 71
TRUJILLO	TAYLOR R	1644 SOUTH SPRUCE ST	CASPER	WY	82601	HP	S12822	P	VNY 128
TRUMPP	KIMBERLY L	204 E WILSON ST	SALINA	KS	67401	HM	S25130	F	VNY 251
TSCHETTER	REBA R	746 49TH ST SOUTH	FARGO	ND	58103	LP	S00523	P	VNY 5

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
TULLY	KATHLEEN A	222 N 74TH ST	MILWAUKEE	WI	53213	LP	S04823	P	VNY 48
TURNER	DESTINY M	625 WINTERGRREN DRIVE	O FALLON	IL	62269	HP	S14122	P	VNY 141
TURNER	ALISHA M	10776 90TH ST.	OTTUMWA	IA	52501	AF	S24425	F	VNY 244
UNRUH	SHAWNEE S	2052 COUNTY 13	ZAP	ND	58580	HP	S00422	P	VNY 4
UTASH	ANDREA M	815 HOWARD STREET APT 3	PORT HURON	MI	48060	LP	S22323	P	VNY 223
UTTER	KYLEE L	2101 HANAFORD AVE	BISMARCK	ND	58501	HP	S00422	P	VNY 4
VAILLETTE	OTHILA J	358 BOCAGE DR	CHEYENNE	WY	82009	HP	S12922	P	VNY 129
VALDEZ	BOBBY L	3460 39TH ST S	MOORHEAD	MN	56560	WF	H26510	F	VNI 265
VALDEZ	MELISSA M	90 MAYFAIR DR	MOORHEAD	MN	56560	HP	H26511	P	VNI 265
VALDEZ	CLARIVEL	9603 PALOMINO DR	PASCO	WA	99301	HP	S16322	P	VNY 163
VALISH	KELSIE R	1048 ISAAC DR	LINCOLN	NE	68521	LP	S06023	P	VNY 60
VALTIERREZ VIZCARRA	RUBISELA	18932 DUNBURY AVE	FARMINGTON	MN	55024	HP	S21322	P	VNY 213
VAN DAME	MORGAN L	594 W 125 S	WILLIAMSPORT	IN	47993	LP	S27023	P	VNY 272
VANDAELE	JAMIE L	9812 FERDER RD	MAYBEE	MI	48159	LP	S27523	P	VNY 275
VANDERHOOF	MORGAN B	60 PINWOOD KNOLL	ROCHESTER	NY	14624	HP	S18522	P	VNY 185
VANDORIN	TRULEIGH L	305 E. HICKORY ST.	BLAKESBURG	IA	52536	LP	S24423	P	VNY 244
VANG	JESSICA P	1904 NEUPERT AVE APT. 6	SCHOFIELD	WI	54476	LP	S05123	P	VNY 51
VANGSNESS	CHRISTINE E	1620 36TH AVE S	FARGO	ND	58104	S	H26605	F	VNI 266
VARGAS	LESLIE S	101 S LYNCH #17	HOLCOMB	KS	67851	LP	S25023	P	VNY 250
VASQUEZ	DESTINY R	3752 ST REGIS DR	WHITE BEAR LAKE	MN	55110	HP	S22622	P	VNY 226
VCELIK	COURTNEY J	117 N COOPER	OLATHE	KS	66061	HM	S24930	F	VNY 249
VEIT	ANGELA K	401 W 2ND ST	ODEBOLT	IA	51458	AF	S13125	F	VNY 131
VEITH	BRENDA L	3302 WEST F ST	NORTH PLATTE	NE	69101	LP	S06923	P	VNY 69
VELA	DESTINEE E	4658 HAYES RD #2	MADISON	WI	53704	HP	S09822	P	VNY 98
VELEZ TORRES	JANETTE	966 HEDGE APPLE DR	CLARKSVILLE	TN	37040	LP	S08323	P	VNY 83
VEU	KATHLEEN K	8731 N OAKWOOD AVE	NEENAH	WI	54956	LP	S04723	P	VNY 47
VIENS	SARAH A	1501 VANDIVER DR LOT 209	COLUMBIA	MO	65202	HP	S23222	P	VNY 232
VIETOR	MADELINE G	23865 477TH AVE	TRENT	SD	57065	LP	S01123	P	VNY 11
VIGIL	MIRANDA A	2007 Ridgewood Ln	Pueblo	CO	81005-2522	HP	S16522	P	VNY 165
VIGNEAU	TORI L	4404 RHODES RD	RHODES	MI	48652	LP	S08423	P	VNY 84
VILLAGOMEZ	CALLISTA M	3528 RABBIT RUN TRAIL	ADAMS	TN	37010	HP	S08322	P	VNY 83
VITTITOW	MEGAN M	1718 RAINBOW DR.	LONGVIEW	TX	75604	LP	S17923	P	VNY 179
VOGELSANG	JAMIE L	2401 36TH ST S APT 208	MOORHEAD	MN	56560	HP	S00522	P	VNY 5
VOIGT	KAITLYN M	2318 N 7TH STREEY	WAUSAU	WI	54403	HP	S05122	P	VNY 51
VOIGTS	ANGELA C	1926 4TH AVE N	FT DODGE	IA	50501	AF	S13225	F	VNY 132
VOLK STENSON	SARAH A	3128 7TH STREET EAST	WEST FARGO	ND	58078	S	H25907	F	VNI 259
VOLLUZ	SYLVIA J	364 STONEHEDGE DRIVE #12L	SALT LAKE CITY	UT	84107	HM	S12230	F	VNY 122
VONDERHEIDE	EMILY K	1341 N 1405 L	FOWLER	IL	62338	HP	S14722	P	VNY 147
VOSBERG	KERRIGAN J	1302 12TH AVE SW	WATERTOWN	SD	57201	LP	S02523	P	VNY 25
VRANEY	ALEXANDRA K	4506 AUGUSTINE AVE.	WESTON	WI	54476	LP	S01223	P	VNY 12
WADDELL	SYDNEY M	1487 DERBYSHIRE DRIVE	GREENWOOD	IN	46143	HP	S11222	P	VNY 112
WADDELL	TRACI L	1738 WHITT HUNT RD	PLEASANT GARDEN	NC	27313	LP	S21723	P	VNY 217
WADE	ALYSSA M	318 CARRIE LANE	CHATHAM	IL	62629	HP	S20222	P	VNY 202

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name		Home Address		City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
WAGNER	TERISA E	11962 85TH PLACE N		MAPLE GROVE	MN	55369	DM	H26406	F	VNI	264
WAGNER	LINDSEY K	2915 Blue Stem Dr		West Fargo	ND	58078-8014	FR	S00522	P	VNY	5
WAGNER	TANISHA M	6401 IRVINE AVE LOT 20		BEMIDJI	MN	56601	HP	S00922	P	VNY	9
WAITE	KATHERINE L	3005 STATE ROUTE 676		STOCKPORT	OH	43787	LP	S18323	P	VNY	183
WALD	CAITLIN R	101 BROOKSIDE AVE		BLACK MOUNTAIN	NC	28711	HP	S21822	P	VNY	218
WALDERA ISHAUG	RHONDA R	337 EDGEWATER DR		WEST FARGO	ND	58078	S	H26406	F	VNI	264
WALKER	ARIEL L	5217 WAXWING		RAPID CITY	SD	57702	LP	S01823	P	VNY	18
WALKER	NATALYA E	37691 SW HEIGHT OF LND DR		ROCHERT	MN	56578	HP	S02222	P	VNY	22
WALKER	RYLEE M	5112 END ST		LEHIGH	IA	50557	HP	S13222	P	VNY	132
WALKER	KATIE L	6040 BELPREE RD	APT B117	AMARILLO	TX	79119	AF	S17125	F	VNY	171
WALLIN	KRISTI C	2028 11TH ST		PERU	IL	61354	HP	S14022	P	VNY	140
WALLIS	KANDI M	81 N County Road 830		Mendon	IL	62351-1016	HP	S14722	P	VNY	147
WALLNER	TAMMI R	1717 49TH ST S		FARGO	ND	58103	HF	H26205	F	VNI	262
WALTERS	KAYLA D	1620 KELBY AVE	APT 3	BILLINGS	MT	59105	LP	S01523	P	VNY	15
WALTERS	BRITTANY A	314 36TH ST		VIENNA	WV	26105	LP	S18323	P	VNY	183
WALTON	LINDSEY L	1301 1ST ST N		FARGO	ND	58102	HF	H26807	F	VNI	268
WAMBACH	MARGARET A	1413 3RD AVE N #B		FARGO	ND	58102	WF	H26511	F	VNI	265
WANNEMACHER	TAMMY A	105 ALBERT DRIVE		OTTOVILLE	OH	45876	AF	S11625	F	VNY	116
WAREHAM	TAMARA L	13716 N MEADOWLARK COURT		MEAD	WA	99021	LP	S07523	P	VNY	75
WARNER	TRAE D	2 WEST MAIN ST		GREENWOOD	IN	46142	HM	S11230	F	VNY	112
WARNER	HANNAH C	1608 BALDWIN STREET		HARLAN	IA	51537	LP	S13323	P	VNY	133
WASHBURN	SARA L	4230 HICKORY LANE	APT. 426	SIOUX CITY	IA	51106	LP	S02823	P	VNY	28
WATSON	EMILY R	3946 STELLA DRIVE		CLARKSVILLE	TN	37040	HP	S08322	P	VNY	83
WATSON	THERESA D	9834 MOLINE RD		DENVER	IA	50622	LP	S13123	P	VNY	131
WATTS	JESSICA L	1970 REDMON RD		LONGVIEW	TX	75602	HP	S17922	P	VNY	179
WATTS	EMILY J	2060 WILLOW TRL		ST.CHARLES	MO	63303	HP	S23422	P	VNY	234
WEGNER	ELIZABETH M	267 E SHATTUCK LN		MIDLAND	MI	48640	HP	S27722	P	VNY	277
WEIDENBACH	MACKENZIE	493 9th Ave		Walcott	ND	58077	HP	H26905	P	VNI	1
WEIDOW	KATIE M	56 CHEROKEE DRIVE		GREAT FALLS	MT	59404	HP	S03622	P	VNY	36
WEIGEN	EMMA L	6524 S MEMORIAL DR		TULSA	OK	74133	HM	S19930	F	VNY	199
WEISEL	SARAH J	4814 SALTSBURG ROAD		MURRYSVILLE	PA	15668	HP	S18122	P	VNY	181
WELCH	ALEXIS	5139 W HAYDEN AVE		RATHDRUM	ID	83858	HP	S01322	P	VNY	13
WELCH	BRITTANY M	1081 HENDRIX RD		MOSCOW	ID	83843	HM	S07630	F	VNY	76
WELCH	HANNAH G	50 LILAC		CASPER	WY	82604	HP	S12822	P	VNY	128
WELCH	PATRICIA L	42 N. 91ST E. AVE		TULSA	OK	74115	HP	S19922	P	VNY	199
WEMETT	HANNAH M	979 CLEVELAND AVENUE		DUBUQUE	IA	52003	AF	S13825	F	VNY	138
WENDELL	BRYNN K	735 W 3500 N		PLEASANT VIEW	UT	84414	HP	S07822	P	VNY	78
WENDLAND	MEGHAN L	4415 10th ST W		WEST FARGO	ND	58078	HP	H26511	P	VNI	265
WENDT	BETHANY L	W5102 BRADLEY RD		ROI	WI	53960	LP	S09823	P	VNY	98
WENTZ	AMBER L	1322 13TH AVE E		HIBBING	MN	55746	HP	S04222	P	VNY	42
WESDORP	KELSEY M	41972 EHRKE DR		CLINTON TOWNSHI	MI	48038	LP	S14523	P	VNY	145
WEST	KAILA D	304 OAK HILL RD		CANDLER	NC	28715	HP	S21822	P	VNY	218
WHEATLEY	MADISYN A	5128 BUENA DRIVE		GRANITE CITY	IL	62040	LP	S14123	P	VNY	141

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
WHITE	TASIA L	12406 S 1450 W	RIVERTON	UT	84065	AF	S12225	F	VNY 122
WHITE	VICKI M	1602 HILLCREST DRIVE APT 301	MANHATTAN	KS	66502	HP	S25422	P	VNY 254
WHITTEN	JENNIFER A	318 CRABAPPLE DRIVE	HOWARD	OH	43028	HM	S13630	F	VNY 136
WHITTINGTON	KEELY R	5550 AVIE LANE	BEAUMONT	TX	77708	HP	S17422	P	VNY 174
WICHLINSKI	KYRSTEN E	2020 PUGET DR	WEST LAFAYETTE	IN	47906	LP	S27223	P	VNY 272
WICKA	ANDREA D	N2622A ST. ROAD 35	STODDARD	WI	54658	LP	S10523	P	VNY 105
WIEDRICH	MORGAN A	5207 33RD AVE S #310	FARGO	ND	58104	S	H26708	F	VNI 267
WIGAL	MONICA L	93 ELM ST	DAVISVILLE	WV	26142	HM	S18330	F	VNY 183
WIGGERT	BRANDON L	2320 65th Ave S #112	Fargo	ND	58104	HF	H26305	F	VNI 263
WILDE	SKYLER B	1690 NORTH HAYES	POCATELLO	ID	83204	HP	S07022	P	VNY 70
WILEY	CASSANDRA G	3608 BROOKSIDE DR	WYLLIE	TX	75098	HM	S17730	F	VNY 177
WILGUS	CAITLIN M	2019 TOLER RD APT 613	LONGVIEW	TX	75605	LP	S17923	P	VNY 179
WILLHOITE	LAURIE J	119 CLUBHOUSE LANE UNIT B	LEBANON	OH	45036	HP	S11422	P	VNY 114
WILLIAMS	MATTHEW R	703 MOON FIRE ROAD	SANDPOINT	ID	83864	S	H26605	F	VNI 266
WILLIAMS	ASHLEY A	2998 PARK PLACE	NORWALK	IA	50211	HP	S07322	P	VNY 73
WILLIAMS	TA 'SHAY L	22 1/2 2ND ST NE	MASON CITY	IA	50401	HP	S07722	P	VNY 77
WILLIAMS	CARRISA C	4850 SNAIL SHELL CAVE RD	ROCKVALE	TN	37353	HP	S08222	P	VNY 82
WILLIAMS	SARA N	314 NICE DR.	CLARKSVILLE	TN	37042	LP	S08323	P	VNY 83
WILLIAMS	MONICA T	1054 SCHUMARD AVENUE	Cincinnati	OH	45215	HP	S12422	P	VNY 124
WILLIAMS	KAYLA N	2203 ALBEMARLE DR	FAIRFIELD	OH	45014	LP	S12423	P	VNY 124
WILLIAMS	RITA L	2809 ONTARIO ST	PUEBLO	CO	81004	HM	S16530	F	VNY 165
WILLIAMS	DEANNA R	477 PATE RD	NEW BERN	NC	28562	HP	S21722	P	VNY 217
WILLIAMS	DAZESHA I	1007 INTERNATIONAL AVE	JOPLIN	MO	64801	HP	S23622	P	VNY 236
WILLIAMS	RENEE D	8705 W 9 MILE RD	OAK PARK	MI	48237	HM	S27530	F	VNY 275
WILLIAMSON DAVIS	DARIAN L	3424 SCOTT ST	ST JOSEPH	MO	64507	HP	S23322	P	VNY 233
WILLIE	CAROLINE A	57 AVONDALE RD	ASHEVILLE	NC	28803	LP	S21823	P	VNY 218
WILLROTH	ANDREA F	211 DOVER ST	KINGSLEY	IA	51028	AF	S02825	F	VNY 28
WILSON	HALLIE E	2113 BEVERLY BLVD	NORTH PLATTE	NE	69101	LP	S06923	P	VNY 69
WILSON	ASHLEY T	1182 STONEWOLF TRAIL	FAIRVIEW HEIGHT	IL	62208	LP	S14123	P	VNY 141
WILSON	MELISSA S	520 OAKLAND BLVD	CAMBRIDGE	OH	43725	AF	S15225	F	VNY 152
WILSON	MELINDA R	3101 SW WANNAMAKER DR	TOPEKA	KS	66614	LP	S21423	P	VNY 214
WINDOM	MELISSA R	2431 LINDSAY LN	GRAND BLANC	MI	48439	HM	S04930	F	VNY 49
WINKELMANN	BRIDGETTE A	1900 MURPHY LANE	EAU CLAIRE	WI	54703	HP	S10422	P	VNY 104
WINN	CASEY L	1180 W. AKEMAN BRIDGE RD	COLUMBIA	MO	65202	HP	S23222	P	VNY 232
WINSLOW	MCKENZIE M	518 S 2ND ST	WAPELLO	IA	52653	HP	S13922	P	VNY 139
WINTER	HAILEY A	368 PINE RIDGE RD	SARTELL	MN	56377	HP	S07722	P	VNY 77
WINTER	AIMEE S	21363 WHITE PINE LN	NEW VIENNA	IA	52065	HP	S13022	P	VNY 130
WIRTH	BARBARA M	101 WARREN ST	DAVENPORT	ND	58021	HF	H00105	F	VNI 1
WITTY	GRACE A	412 S TURNBERRY	MUNCIE	IN	47396	HP	S11022	P	VNY 110
WOLFGANG	EMILY A	607 W SALZBURG RD	AUBURN	MI	48611	HP	S08422	P	VNY 84
WOLFORD	ALYSHA S	3012 W 17TH ST	JOPLIN	MO	64801	HP	S23622	P	VNY 236
WOLSCHLAGER	KAYLA L	1629 OKLAHOMA AVE	FLINT	MI	48502	LP	S27623	P	VNY 276
WOODARD	TAI C	2445 WHITMORE	OMAHA	NE	68112	HP	S06122	P	VNY 61

VANITY SHOP OF GRAND FORKS, INC.
Case No. 17-30112

Schedule E - EMPLOYEE (NOTICE ONLY)

Employee Information: includes both Debtor and Vanity Inc Employees

Legal Name	Home Address	City	State	Zip	Job Code	PR Dept	FT/PT	Company Code	Reporting Location
WRIGHT	ANDRESHA M	4514 JAYNES ST.	OMAHA	NE	68104	HP	S06122	P	VNY 61
WURGLER	PAISLEY K	1134 1ST ST NW	ROCHESTER	MN	55901	HF	H25707	F	VNI 257
YADRO	JENNA L	5635 BUTTERNUT DR	KEWASKUM	WI	53040	LP	S04423	P	VNY 44
YELTON	ASHLEY L	424 VISCOUNT DR	CINCINNATI	OH	45238	AF	S12425	F	VNY 124
YENDRA	KYLIE M	1523 AVE Q	KEARNEY	NE	68847	HP	S06622	P	VNY 66
YOUNG	JENNIFER L	5901 DARTMOUTH DR	MOUNTAIN GREEN	UT	84050	DM	H26406	F	VNI 264
YOUNG	OLIVIA M	509 W 2ND AVE	LENNOX	SD	57039	HP	S01122	P	VNY 11
YOUNG	MARSHA R	463 CHICAGO AVE	YOUNGSTOWN	OH	44511	HP	S11722	P	VNY 117
YOUNG	LAKESHIA A	3485 MAIDA	BEAUMONT	TX	77708	LP	S17423	P	VNY 174
YOUNG	ROBYN R	12 KIRKLEY LN	SPRINGFIELD	IL	62704	HP	S20222	P	VNY 202
YOUNG	ANNABELLE R	5100 S MAIN AVE APT B100	SPRINGFIELD	MO	65810	AF	S23025	F	VNY 230
YOUNG	BRITTNEY L	2767 BLOOMFIELD DR	ST LOUIS	MO	63129	HP	S23522	P	VNY 235
YOUNG	KEELY E	2512 MEADOW DR	LAFAYETTE	IN	47909	HP	S27222	P	VNY 272
YOUNG	NATALIE L	1718 7TH ST S	FARGO	ND	58103	SM	S29730	F	VNY 297
YOUSIF	MENA D	2119 15TH ST SE	ROCHESTER	MN	55904	HP	S22022	P	VNY 220
ZADEH	SHERELL L	14202 MOLASSES MILL DR	DRAPER	UT	84020	HP	S12222	P	VNY 122
ZARATE	MARIAH C	1963 S LAYTON BLVD	MILWAUKEE	WI	53215	HP	S04822	P	VNY 48
ZEMLJAK	KELI J	19 LUMBER JACK RD	BUTTE	MT	59701	LP	S03523	P	VNY 35
ZERMENO	NICOLE	16920 W 63RD PLACE	ARVADA	CO	80403	RM	H26406	F	VNI 264
ZETOCHA	BAILEY R	3100 HOMESTEAD DR	BISMARCK	ND	58503	HP	S00422	P	VNY 4
ZILLMER	BRIANNA M	806 WABASHA AVE	ST. CHARLES	MN	55972	HP	S22022	P	VNY 220
ZIMMERMAN	SAMATHA K	1959 WHISPERING OAK	DAYTON	OH	45440	HP	S11522	P	VNY 115
ZINTL	SAMANTHA J	2641 WOODLAKE CT APT 3	WYOMING	MI	49519	AF	S08025	F	VNY 80
ZITZELBERGER	VICTORIA J	708 MARDIS DRIVE	JONESBORO	AR	72404	HP	S20922	P	VNY 209
ZUBACK	MCKENZIE E	1632 S 59 STREET	WEST ALLIS	WI	53214	LP	S20723	P	VNY 207
ZUBER	SHONNA D	13 N JFK RD	EAST DUBUQUE	IL	61025	HM	S07330	F	VNY 73
ZUEGE	JALISSA S	302 FOREST LANE	MARYSVILLE	MI	48040	HP	S22322	P	VNY 223

<div> <div>Schedule F</div> <div>Governmental Units</div> </div> <div> <div>VANITY SHOP OF GRAND FORKS, INC.</div> <div>Case No. 17-30112</div> </div>							
CreditorName	CreditorNoticeName	Address1	Address2	Address3	City	State	Zip
ATTORNEY GENERALS							
Arkansas Attorney General	Attn Bankruptcy Department	323 Center St. Ste 200			Little Rock	AR	72201-2610
Colorado Attorney General	Attn Bankruptcy Department	Ralph L. Carr Colorado Judicial Center	1300 Broadway, 10th Fl		Denver	CO	80203
Idaho Attorney General	Attn Bankruptcy Department	Statehouse			Boise	ID	83720-1000
Illinois Attorney General	Attn Bankruptcy Department	James R. Thompson Ctr	100 W. Randolph St.		Chicago	IL	60601
Indiana Attorney General	Attn Bankruptcy Department	Indiana Govt Center South 5th Fl	302 West Washington St		Indianapolis	IN	46204
Iowa Attorney General	Attn Bankruptcy Department	Hoover State Office Bldg	1305 E. Walnut		Des Moines	IA	50319
Kansas Attorney General	Attn Bankruptcy Department	120 SW 10th Ave., 2nd Fl			Topeka	KS	66612-1597
Kentucky Attorney General	Attn Bankruptcy Department	700 Capitol Avenue	Capitol Building, Suite 118		Frankfort	KY	40601
Michigan Attorney General	Attn Bankruptcy Department	525 W. Ottawa St.	P.O. Box 30212		Lansing	MI	48909-0212
Minnesota Attorney General	Attn Bankruptcy Department	State Capitol, Ste. 102			St. Paul	MN	55155
Missouri Attorney General	Attn Bankruptcy Department	Supreme Court Bldg	207 W. High St.		Jefferson City	MO	65101
Montana Attorney General	Attn Bankruptcy Department	Justice Bldg	215 N. Sanders 3rd Fl	PO Box 201401	Helena	MT	59620-1401
Nebraska Attorney General	Attn Bankruptcy Department	State Capitol	P.O. Box 98920		Lincoln	NE	68509-8920
New York Attorney General	Attn Bankruptcy Department	Office of the Attorney General	The Capitol, 2nd Fl.		Albany	NY	12224
North Carolina Attorney General	Attn Bankruptcy Department	Department of Justice	P.O. Box 629		Raleigh	NC	27602-0629
North Dakota Attorney General	Attn Bankruptcy Department	State Capitol	600 E. Boulevard Ave.		Bismarck	ND	58505-0040
Ohio Attorney General	Attn Bankruptcy Department	State Office Tower	30 E. Broad St. 14th Fl		Columbus	OH	43266-0410
Oklahoma Attorney General	Attn Bankruptcy Department	313 NE 21st St			Oklahoma City	OK	73105
Pennsylvania Attorney General	Attn Bankruptcy Department	1600 Strawberry Square			Harrisburg	PA	17120
South Dakota Attorney General	Attn Bankruptcy Department	1302 East Highway 14	Suite 1		Pierre	SD	57501-8501
Tennessee Attorney General	Attn Bankruptcy Department	Office of the Attorney General	PO Box 20207		Nashville	TN	37202-0207
Texas Attorney General	Attn Bankruptcy Department	Capitol Station	P.O. Box 12548		Austin	TX	78711-2548
Utah Attorney General	Attn Bankruptcy Department	Utah State Capitol Complex	350 North State St Ste 230		Salt Lake City	UT	84114-2320
Washington Attorney General	Attn Bankruptcy Department	1125 Washington St SE	PO Box 40100		Olympia	WA	98504-0100
West Virginia Attorney General	Attn Bankruptcy Department	State Capitol Bldg 1 Rm E-26	1900 Kanawha Blvd., East		Charleston	WV	25305
Wisconsin Attorney General	Attn Bankruptcy Department	Wisconsin Dept. of Justice	State Capitol Room 114 East	PO Box 7857	Madison	WI	53707-7857
Wyoming Attorney General	Attn Bankruptcy Department	State Capitol Bldg, Room 123	200 W. 24th Street		Cheyenne	WY	82002
CONSUMER PROTECTION AGENCIES							
Office of the Attorney General - Albany Office	Bureau of Consumer Fruads and Protection	The Capitol			Albany	NY	12224-0341
Office of the Attorney General - New York City Office	Bureau of Consumer Fruads and Protection	120 Broadway, 3rd Floor			New York	NY	10271-0332
Office of the Attorney General	Bureau of Consumer Protection	Strawberry Square, 14th Floor			Harrisburg	PA	17120
Wisconsin Department of Agriculture, Trade and Consumer Protection	Bureau of Consumer Protection	2811 Agriculture Dr	PO Box 8911		Madison	WI	53708-8911
Tennessee Office of the Attorney General	Consumer Advocate and Protection Division	PO Box 20207			Nashville	TN	37202-0207
Illinois Office of the Attorney General - Carbondale	Consumer Fraud Bureau	601 S. University Ave			Carbondale	IL	62901
Illinois Office of the Attorney General - Chicago	Consumer Fraud Bureau	100 W. Randolph St			Chicago	IL	60601
Illinois Office of the Attorney General - Springfield	Consumer Fraud Bureau	500 S. 2nd St			Springfield	IL	62706
Office of Kansas Attorney	Consumer Protection and Antitrust Division	120 S.W. 10th Ave, 2nd Floor			Topeka	KS	66612-1597
Office of the Attorney General	Consumer Protection and Antitrust Division	1050 E. Interstate Ave	Suite 200		Bismarck	ND	58503-5574
Arkansas Office of the Attorney General	Consumer Protection Division	323 Center St.	Suite 200		Little Rock	AR	72201
Colorado Office of the Attorney General	Consumer Protection Division	Ralph L. Carr Judicial Building	1300 Broadway, 7th Floor		Denver	CO	80203
Idaho Attorney Generals Office	Consumer Protection Division	954 W. Jefferson	2nd Floor	PO Box 83720	Boise	ID	83720
Iowa Office of the Attorney General	Consumer Protection Division	Hoover State Office Building	1305 E. Walnut St.		Des Moines	IA	50319-0106
Kentucky Office of the Attorney General	Consumer Protection Division	1024 Capital Center Dr	Suite 200		Frankfort	KY	40601
Nebraska Office of the Attorney General	Consumer Protection Division	2115 State Capitol			Lincoln	NE	68509
North Carolina Office of the Attorney General	Consumer Protection Division	Mail Service Center 9001			Raleigh	NC	27699-9001
Office of the Attorney General	Consumer Protection Division	Government Center South	5th Floor	302 W. Washington St.	Indianapolis	IN	46204
Office of the Attorney General	Consumer Protection Division	PO Box 30213			Lansing	MI	48909-7713
Office of the Attorney General	Consumer Protection Division	PO Box 1789			Charleston	WV	25326-1789
Texas Office of the Attorney General	Consumer Protection Division	PO Box 12548			Austin	TX	78711-2548
Washington Office of the Attorney General	Consumer Protection Division	1125 Washington St., SE	PO Box 40100		Olympia	WA	98504-0100
Ohio Attorney Generals Office	Consumer Protection Section	30 E. Broad St., 14th Floor			Columbus	OH	43215-3400
Office of the Attorney General	Consumer Protection Unit	Kendrick Building	2320 Capitol Avenue		Cheyenne	WY	82002
Oklahoma Attorney General	Consumer Protection Unit	313 NE 21st St			Oklahoma City	OK	73105
Missouri Attorney Generals Office	Consumer Protection Unit	PO Box 899			Jefferson City	MO	65102
Office of the Attorney General	Consumer Services Division	1400 NCL Tower	445 Minnesota St		St. Paul	MN	55101
Tennessee Department of Commerce and Insurance	Division of Consumer Affairs	500 James Robertson Pkwy., 12th Floor			Nashville	TN	37243-0600
New York State Department of State	Division of Consumer Protection	Consumer Assistance Unit	99 Washington Ave		Albany	NY	12231
South Dakota Office of the Attorney General	Division of Consumer Protection	1302 E Hwy 14	Suite 3		Pierre	SD	57501
Utah Department of Commerce	Division of Consumer Protection	160 East 300 South, 2nd Floor	PO Box 146704		Salt Lake City	UT	84114-6704
Montana Office of Consumer Protection	Office of Consumer Protection	PO Box 200151			Helena	MT	59620-0151

VANITY SHOP OF GRAND FORKS, INC.
Case No. 17-30112

Schedules F & G

Store Listings and Landlords

Store No.	Landlord Group	Leased Premises	Landlord Name and Address	Registered Agent and Address	Notice Address	Additional Notice	Prepetition Debt Amount	Description of Prepetition Debt
2	Simon	1600 Miller Trunk Highway, Space #1-5 Duluth, MN 55811-5607	Simon Property Group, L.P. c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	REJECTED SERVICE OF PROCESS (Not the Registered Agent) Corporation Service Company Registered Agent for Simon Property Group, L.P. 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808		Leslie C. Heilman Ballard Spahr, LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909 Ronald M. Tuckler Simon Property Group, Inc. & Its Related Entities 225 W. Washington St. Indianapolis, IN 46204	\$15,219.47	2/17 Rent
3	GK Development	2800 So. Columbia Rd. #329 Grand Forks, ND 58201-6030	Columbia Grand Forks, LLC c/o GK Development, Inc. 257 East Main Street, Ste. 100 Barrington, IL 60010	The Corporation Trust Company Registered Agent for Columbia Grand Forks, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801			\$13,802.14	2/17 Rent
4	CBL	626 Kirkwood Mall #175 Bismarck, ND 58504-5704	Kirkwood Mall Acquisition LLC CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for Kirkwood Mall Acquisition LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808		Schenk Annes Tepper Campbell Ltd. Attn: Andrew J. Annes, Esquire 311 South Wacker Drive, Ste. 2500 Chicago, IL 60606	\$11,063.22	2/17 Rent
5	West Acres Development, LLP	3902 13th Avenue South, Suite #2321 Fargo, ND 58103	West Acres Development, LLP Attn: Landlord 3902 13th Ave S, Suite 3717 Fargo, ND 58103	G. Bradley Schlossman Registered Agent for West Acres Development LLP 3902 13th Ave S Fargo, ND 58103			(\$2,674.13)	2016 Rent Adj
7	Westridge Mall Limited Partnership	Westridge Mall 2001 W Lincoln Ave #51 Fergus Falls, MN 56537	Westridge Mall Limited Partnership c/o Martin H. Graff, General Partner Westridge Mall Associates, Inc. 560 Green Bay Road, Suite 403 Winnetka, IL 60093	Richard E. Brandwein 1200 Shermer Rd, Suite 108 Northbrook, IL 60062			\$2,083.14	2/17 Rent; 1st Qtr Marketing Dues
8	Lexington Realty International, LLC	Westgate Mall 4136 Baxter Dr. #30 Brainerd, MN 56401	Westgate Mall Realty Group, LLC successor to Developers Diversified Realty Corporation American Redevelopers, Inc., 6600 France Avenue South, Ste. 174 Minneapolis, MN 55435	Westgate Mall Realty Group, LLC Registered Agent David Jackson 14136 Baxter Drive, Ste. 51 Baxter, MN 56425			\$7,460.49	2/17 Rent
9	Lexington Realty International, LLC	1201 Paul Bunyan Dr. NW #48 Bemidji, MN 56601-4155	Bemidji Holdings LLC, successor in interest to Developers Diversified Realty Corporation c/o GJ Realty 49 West 37th Street, 9th Floor New York, NY 10018-6257	Registered Agent Solutions, Inc. Registered Agent for Bemidji Holdings LLC 1679 S Dupont Hwy, Ste. 100 Dover, DE 19901	Bemidji Holdings, LLC c/o Lexington Realty 911 East Country Line Road, Ste. 203 Lakewood, NJ 08701		\$5,950.99	2/17 Rent
10	J Herzog	1605 1st Street South #A-117 Willmar, MN 56201-4234	Rockstep Willmar, LLC Attn: Vice President - Leasing 55 Public Square, Suite 1910 Cleveland, OH 44113	Andy Weiner Registered Agent for Rockstep Willmar, LLC 1445 North Loop West, Ste. 625 Houston, TX 77008			\$4,407.57	2/17 Rent
11	WPG	4001 West 41st St. #1540 Sioux Falls, SD 57106	SM Empire Mall, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for Empire Mall, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801		Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$28,250.45	2/17 Rent
12	GGP	1850 Adams Street #120 Markato, MN 56001-4847	River Hills Mall, LLC Attn: Law/Lease Administration Department c/o River Hills Mall Partners 110 North Wacker Drive Chicago, IL 60606	Corporation Service Company Registered Agent for River Hills Mall, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808		Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natisis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$15,034.91	2/17 Rent; 1/17-2/17 CAM Adj
13	Rouse Properties	200 West Hanley Avenue, Suite D413 Coeur d'Alene, ID 83815	Silver Lake Mall, LLC Attn: General Counsel c/o Rouse Properties, Inc. 1114 Avenue of the Americas, Suite 280 New York, NY 10036	Corporation Service Company Registered Agent for Silver Lake Mall, LLC 2711 Centerville Rd, Ste 400 Wilmington, DE 19808	Silver Lake Mall Attn: General Manager 200 W. Henry Ave Coeur D'Alene, ID 83815	Dustin P. Branch Ballard Spahr LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909	\$6,499.94	2/17 Rent
15	Starwood Retail	300 So. 24th St. West, Suite #A13 Billings, MT 59102-2464	Rimrock Owner L.P., successor in interest to Macerich Rimrock Limited Partnership Attn: Lease Coordination Starwood Retail Property Management, LLC One East Wacker Drive, Ste 3700 Chicago, IL 60601	The Corporation Trust Company Registered Agent for Rimrock Owner L.P. 1209 Orange St Corporation Trust Center Wilmington, DE 19801	Rimrock Owner, L.P. Attn: General Manager 300 South 24th Street W Billings, MT 59102	Dustin P. Branch Ballard Spahr LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909	\$18,299.46	2/17 Rent
16	Gallatin Mall Group, LLC	2825 Main Street, Unit 5-G Bozeman, MT 59718-3927	Gallatin Mall Group, L.L.C. PO Box 80510 Billings, MT 59108-0510	Steven J Corning Registered Agent for Gallatin Mall Group, L.L.C. PO Box 80510 Billings, MT 59108-0510			\$6,198.33	2/17 Rent

VANITY SHOP OF GRAND FORKS, INC.
Case No. 17-30112

Schedules F & G

Store Listings and Landlords

Store No.	Landlord Group	Leased Premises	Landlord Name and Address	Registered Agent and Address	Notice Address	Additional Notice	Prepetition Debt Amount	Description of Prepetition Debt
18	WPG	2200 North Maple Ave, Space #2440 Rapid City, SD 57701-7881	SM Rushmore Mall, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for SM Rushmore Mall, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801	Washington Prime Management Associates, LLC Attn: Property Management c/o WP Glimcher Inc. 180 East Broad Street Columbus, OH 43215	Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$13,996.42	2/17 Rent; 1/17 CAM/Promo Adj
19	GPCME	1681 3rd Avenue West #15 Dickinson, ND 58601-3025	Great Plains Clinic Medical Enterprises, LLC PO Box 2121 Dickinson, ND 58602-2121	Mark Grove Registered Agent for Great Plains Clinic Medical Enterprises, LLC 1487 W High St. Dickinson, ND 58601-3681	Prairie Hills Mall Attn: Peggy O'Brien 1681 3rd Ave W Dickinson, ND 58601		\$5,237.23	2/17 Rent
20	Nodana Petroleum Corporation	PO Box 1492 Williston, ND 58801	Nodana Petroleum Corporation PO Box 1221 Williston, ND 58802-1221	The Corporation Trust Company Registered Agent for Nodana Petroleum Corporation 1209 Orange St Corporation Trust Center Wilmington, DE 19801			\$31,648.88	1/17-2/17 % Rent
22	Milton Swedberg	815 Lake Avenue, Suite 9 Detroit Lakes, MN 56501-3065	Washington Square Limited Partnership PO Box 996 Moorhead, MN 56560	Winton D. Johnson and Ronald A. Ohe Registered Agent for Washington Square Limited Partnership 1001 Center Ave #D Moorhead, MN 56560			\$3,462.26	2/17 Rent
25	Lexington Realty International, LLC	1300 9th Avenue SE, Ste. 54 Watertown, SD 57201-5399	Watertown Plaza LLC successor in interest to DDR Watertown LLC successor in interest to Watertown Mall Associates 34555 Chagrin Boulevard Moreland Hills, OH 44022	Registered Agent Solutions, Inc. Registered Agent for Watertown Plaza LLC 1679 S Dupont Hwy, Ste 100 Dover, DE 19901			\$4,265.16	2/17 Rent
26	CBL	2400 10th Street SW #409 Minot, ND 58701-6997	Minot Dakota Mall LLC Attn: General Counsel c/o Prime Retail Property Management, LLC 217 East Redwood Street Baltimore, MD 21202	National Registered Agents, Inc. Registered Agent for Minot Dakota Mall LLC 160 Greentree Dr., Ste. 101 Dover, DE 19904	Lightstone Group C/O Landlord 326 3rd Street Lakewood, NJ 08701	Schenk Annes Tepper Campbell Ltd. Attn: Andrew J. Annes, Esquire 311 South Wacker Drive, Ste. 2500 Chicago, IL 60606	\$16,904.34	2/17 Rent; 2015 Ins Adj
27	GGP	4201 West Division Street; Suite 14 St Cloud, MN 56301-6601	St. Cloud Mall L.L.C. Attn: Law/Lease Administration Department c/o Crossroads Center (MN) 110 N. Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for St. Cloud Mall LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Crossroads Center (MN) Attn: General Manager 4101 West Division Street St. Cloud, MN 56301	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natisis LLP, Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$24,456.61	2/17 Rent; 1/17 CAM adj
28	WPG	4400 Sergeant Road Suite 370 Sioux City, IA 51106-4711	SM Southern Hills Mall, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for SM Southern Hills Mall, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801		Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$26,905.51	2/17 Rent
31	John V. Olson	3015 Highway 29 So, Suite 4006 Alexandria, MN 56308-3403	Viking Plaza Realty Group LLC successor to Viking Plaza Center-L.P. 3015 Hwy 29 S, Ste. 4035 Alexandria, MN 56308	Scot L. Snitker Registered Agent for Viking Plaza Realty Group LLC 3015 Hwy 29 South Alexandria, MN 56308			\$5,866.59	2/17 Rent; 2016 CAM/Ins/ReTax Adj
32	Central Square Mall, LLC	201 NW 4th Street #32 Grand Rapids, MN	Central Square Mall, L.L.C. Ryan Development PO Box 598 Grand Rapids, MN 55744	Registered Agent for Central Square Mall, L.L.C. 201 NW 4th Str Grand Rapids, MN 55744			\$29,422.26	2/17 Rent
35	Hyman Family Trust	3100 Harrison Ave, Space C-4 Butte, MT 59701	Anne Hyman, The Northern Trust Company & Timothy M. Ison as co-trustees of the Hyman Family Trust 3100 Harrison Ave Butte, MT 59701		Anne Hyman, The Northern Trust Company & Timothy M. Ison as co-trustees of the Hyman Family Trust 3625 E. Thousand Oaks Blvd, Ste. 325 Westlake Village, CA 91362		\$4,574.84	1/17 Rent; 2/17 Rent
36	GK Development	1200 10th Avenue South, #63 Great Falls, MT 59405-4424	GK Holiday Village, LLC c/o GK Development, Inc. 257 East Main Street, Ste. 100 Barrington, IL 60010	The Corporation Trust Company Registered Agent for GK Holiday Village, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801			\$13,305.14	2/17 Rent
42	Rubloff Tri-State Thunderbird Portfolio, L.L.C.	Thunderbird Mall 1401 S 12th Ave W Virginia, MN 55792	Rubloff Tri-State Thunderbird Portfolio, L.L.C. ATTN: General Counsel 4949 Harrison Avenue, Suite 200 Rockford, IL 61108 Rubloff Tri-State, L.L.C. 6723 Weaver Rd, Suite 108 Rockford, IL 61114	Donald Q. Manning 6735 Vistagreen Way Rockford, IL 61107			\$3,376.87	2/17 Rent
46	CBL	2500 Milton Ave Space 122A Janesville, WI 53545	Janesville Mall Limited Partnership CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for Janesville Mall Limited Partnership 8040 Excelsior Dr. Ste 400 Madison, WI 53717		Schenk Annes Tepper Campbell Ltd. Attn: Andrew J. Annes, Esquire 311 South Wacker Drive, Ste. 2500 Chicago, IL 60606	\$4,583.33	2/17 Rent

VANITY SHOP OF GRAND FORKS, INC.
Case No. 17-30112

Schedules F & G

Store Listings and Landlords

Store No.	Landlord Group	Leased Premises	Landlord Name and Address	Registered Agent and Address	Notice Address	Additional Notice	Prepetition Debt Amount	Description of Prepetition Debt
47	GGP	Fox River Mall, 4301 W Wisconsin Appleton, WI 54913	Fox River Shopping Center, LLC Attn: Law/Lease Administration Department c/o Fox River Mall 110 N Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for Fox River Shopping Center, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Fox River Mall Attn: General Manager 4301 West Wisconsin Ave Appleton, WI 54913	Thor McLaughlin Ivan M. Gold Allen Markins Leck Gamble Mallory & Natsis LLP, Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	(\$6,680.03)	2/17 Rent; 1/17-2/17 Rent Adj
48	Simon	5300 S 76th St #290 Greendale, WI 53129	Southridge Limited Partnership c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for Southridge Limited Partnership 1209 Orange St Corporation Trust Center Wilmington, DE 19801		Leslie C. Heilman Ballard Spahr, LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909 Ronald M. Tuckler Simon Property Group, Inc. & Its Related Entities 225 W. Washington St. Indianapolis, IN 46204	\$6,224.49	2/17 Rent
49	Taubman	4282B Baldwin Rd., Space #530A Auburn Hills, MI 48326	Taubman Auburn Hills Associates Limited Partnership PO Box 67000 Department 124501 Detroit, MI 48267-1245	Corporation Service Company Registered Agent for Taubman Auburn Hills Associates Limited Partnership 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808		Andrew S. Conway 200 East Long Lake Road, Suite 300 Bloomfield Hills, MI 48304	\$28,291.02	2/17 Rent; 1/17 Elec; 2/16-12/16 % Rent
51	CBL	C320 Wausau Center, #320 Wausau, WI 54403-5506	C. Michelle Panovich, of Mid-America Asset Management, Inc., not personally but solely as Court Appointed Receiver pursuant to Case No. 16-CV-591 pending in the Circuit Court of Marathon County, State of Wisconsin c/o Mid-America Asset Management, Inc. One Parkview Plaza, Fifth Floor Oakbrook Terrace, IL 60181	REJECTED SERVICES OF PROCESS (Not on their records.) Corporation Service Company Registered Agent for Mid-American Real Estate - Wisconsin, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Mid-America Real Estate - Wisconsin, LLC 648 Plankinton Ave, Ste. 264 Milwaukee, WI 53203	Schenk Annes Tepper Campbell Ltd. Attn: Andrew J. Ames, Esquire 311 South Wacker Drive, Ste. 2500 Chicago, IL 60606	\$4,583.33	2/17 Rent
54	Simon	18813 East 39th Street, #2048 Independence, MO 64057	SPG Independence Center, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for SPG Independence Center, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801		Leslie C. Heilman Ballard Spahr, LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909 Ronald M. Tuckler Simon Property Group, Inc. & Its Related Entities 225 W. Washington St. Indianapolis, IN 46204	\$26,059.59	2/17 Rent; 2016 ReTax Adj
60	Starwood Retail	228 Gateway Mall, #F-616 Lincoln, NE 68505-2437	Starwood Retail Star-West Gateway LLC .	The Corporation Trust Company Registered Agent for Star-West Gateway LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801	SRP Property Management, LLC Attn: Lease Coordination One East Wacker Drive, Ste. 3700 Chicago, IL 60601	Boston Financial Attn: General Counsel 15303 Dallas Parkway/Suite 650 Dallas, TX 75248 Dustin P. Branch Ballard Spahr LLP, 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909	\$13,155.84	2/17 Rent; 2/17 HVAC Adj
61	GGP	10000 California Street, Suite 2248 Omaha-Westroad, NE 68114-2303	Westroads Mall, L.L.C. Attn: Law/Lease Administration Department c/o Westroads Mall 110 N. Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for Westroads Mall, L.L.C. 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808		Thor McLaughlin Ivan M. Gold Allen Markins Leck Gamble Mallory & Natsis LLP, Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$6,308.33	2/17 Rent
65	J Herzog	3404 West 13th Street, Suite 125 Grand Island, NE 68803-2389	Conestoga Mall 2002, LLC 25425 Center Ridge Road Cleveland, OH 44145	Martin H. Herzog Registered Agent for Conestoga Mall 2002, LLC 1720 S Bellaire St., Ste. 1209 Denver, CO 80222-4336			\$6,976.17	2/17 Rent; Annual ins adj
66	DP Management, LLC	5019 2nd Avenue, Suite 21 Kearney, NE 68847	DROP-HT, LLC c/o DP Management, LLC 11506 Nicholas St, Ste. 100 Omaha, NE 68154	Corporation Service Company Registered Agent for DROP-HT, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808		DROP-HT, LLC Manager 4902 Solution Center Chicago, IL 60677-4009	\$5,240.53	2/17 Rent; 1/17 Rent adj
67	Rockstep Scottsbluff, LLC	Monument Mall Shopping Center 2302 Frontage Rd # 5 Scottsbluff, NE 69361	Rockstep Scottsbluff, LLC 1445 North Loop West Houston, TX 68516	National Registered Agents, Inc. 5601 South 59th Street Lincoln, NE 68516			\$2,271.44	1/17-2/17 % Rent
68	NSP, LLC	1700 Market Lane, Suite 8 Norfolk, NE 68701-0303	Dial - Sunset Mall, L.L.C., successor in interest to the Ohio National Life Insurance Company Dial Enterprises, Corp. 11506 Nicholas #200 Omaha, NE 68154	Michael C. Carter Registered Agent for Dial-Sunset Mall, L.L.C. 11506 Nicholas Street, Ste. 103 Omaha, NE 68154	NSP, LLC Asset Manager 11506 Nicholas Street Suite 100 Omaha, NE 68154	NSP, LLC 7322 Solutions Center Chicago, IL 60677-7003	\$4,492.74	2/17 Rent; 2016 Rent Adj
69	Dial	1100 South Dewey #50 North Platte, NE 69101-6161	North Platte Associates, L.L.C. Dial Enterprises, Corp. 11506 Nicholas #100 Omaha, NE 68154	Platte River Mall Clarine R. Eickhoff, Registered Agent 1000 S Dewey North Platte, NE 69101			\$3,243.59	2/17 Rent; 1/17 Rent Adj
70	GGP	4155 Yellowstone Ave, Suite 1210 Chubbuck, ID 83202-2452	Pine Ridge JC, LLC in successor in interest to Pine Ridge Mall L.L.C. Attn: Law/Lease Administration Dept c/o Pine Ridge Mall 110 N. Wacker Dr. Chicago, IL 60606	John Sheehan Registered Agent for Pine Ridge JC, LLC Attn: Law/Lease Administration Dept Jefferson City, MO 65109	Pine Ridge Mall Attn: General Manager 4155 Yellowstone Highway Chubbuck, ID 83203	Thor McLaughlin Ivan M. Gold Allen Markins Leck Gamble Mallory & Natsis LLP, Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$4,417.81	2/17 Rent; 1/17-2/17 % Rent

VANITY SHOP OF GRAND FORKS, INC.
Case No. 17-30112

Schedules F & G

Store Listings and Landlords

Store No.	Landlord Group	Leased Premises	Landlord Name and Address	Registered Agent and Address	Notice Address	Additional Notice	Prepetition Debt Amount	Description of Prepetition Debt
71	GGP	2300 East 17th Street, Space 136 Idaho Falls, ID 83404-6554	Grand Teton Mall, LLC Attn: Law/Lease Administration Dept c/o Grand Teton Mall 110 N. Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for Grand Teton Mall, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Grand Teton Mall Attn: General Manager 2300 East 17th Street Idaho Falls, ID 83404	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natsis LLP, Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$13,393.03	2/17 Rent; 1/17-2/17 CAM Adj
72	Woodbury Corp	1485 Poleline Rd. East, Suite 227 Twin Falls, ID 83301-3597	Magic Valley Mall LLC c/o Magic Valley Mall 1485 Pole Line Road East Twin Falls, ID 83301	Walker Kennedy III Registered Agent for Magic Valley Mall LLC 2733 E Parleys Way, Ste. 300 Salt Lake City, UT 84109	Fund A Magic Valley, Inc. c/o Magic Valley Mall 1485 Pole Line Road East Twin Falls, ID 83301	Boston Financial Attn: General Counsel 15303 Dallas Parkway/Suite 650 Dallas, TX 75248 Schroder Real Estate Associates Attn: Norman Peck 437 Madison Ave New York, NY 10022	\$7,506.21	2/17 Rent
73	GGP	West Des Moines, IA	Jordan Creek Town Center, LLC Attn: Law/Lease Administration Dept c/o Jordan Creek Town Center 110 N. Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for Jordan Creek Town Center, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Jordan Creek Town Center Attn: General Manager 1001 Jordan Creek Parkway West Des Moines, IA 50266	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natsis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$19,484.56	2/17 Rent; 1/17-2/17 CAM Adj
74	GGP	350 North Milwaukee #2007 Boise, ID 83704	Boise Mall, LLC Attn: Law/Lease Administration Dept c/o Boise Towne Square 110 N. Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for Boise Mall, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Boise Towne Square Attn: General Manager 350 North Milwaukee Boise, ID 83704	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natsis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$13,744.90	2/17 Rent & 1/17-2/17 CAM/Retax adj
75	GGP	4750 North Division, Space 2214 Spokane, WA 99207	North Town Mall, LLC Attn: Law/Lease Administration Dept c/o North Town Mall 110 N. Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for North Town Mall, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	North Town Mall Attn: General Manager 4750 North Division Boise, ID 83704	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natsis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$20,769.61	2/17 Rent; 1/17-2/17 HVAC Adj; 2/16-1/17 % Rent
76	GGP	14700 E Indiana, Space 1024 Spokane, WA 99216	Spokane Mall L.L.C. Attn: Law/Lease Administration Dept Spokane Valley Mall 110 N. Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for Spokane Mall L.L.C. 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Spokane Valley Mall Attn: General Manager 14700 East Indiana Spokane, WA 99216	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natsis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$14,632.26	2/17 Rent; 1/17-2/17 CAM Adj; 2016 ReTax Adj
77	Jones Lang LaSalle	100 South Federal Avenue #108 Mason City, IA 50401-3700	U.S. Bank NA, as Trustee for the registered holders of J.P. Morgan Chase Commercial Mortgage Securities Corp., Commercial Mortgage Pass-Through Certificates, Series 2005-LDPI, a national banking association Attn: General Manager, Southbridge Mall c/o Jones Lang LaSalle Americas, Inc. 100 South Federal Ave Mason City, IA 50401				\$5,909.74	2/17 Rent
78	GGP	1214 New Gate Mall Space #1214 Ogden, UT 84405	GGP-Newgate Mall, LLC Attn: Law/Lease Administration Department c/o Newgate Mall 110 N. Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for GGP-Newgate Mall, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Newgate Mall Attn: General Manager 3651 Wall Ave., Ste. 2000 Ogden, UT 84405	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natsis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$14,823.40	2/17 Rent; 1/17 CAM Adj
80	GGP	3700 Rivertown Pkwy #2010 Grandville, MI 49418	GGP-Grandville L.L.C. Attn: Law/Lease Administration Department c/o RiverTown Crossings 110 N. Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for GGP-Grandville L.L.C. 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	RiverTown Crossings Attn: General Manager 3700 RiverTown Parkway Grandville, MI 49418	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natsis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$8,689.61	2/17 Rent; 10/16-2/17 Elec/Gas; 2016 ReTax Adj
81	WPG	2011 North Roan St. Johnson City, TN 37601	Glincher MJC, LLC Attn: General Counsel 180 East Broad Street, 21st Floor Columbus, OH 43215	The Corporation Trust Company Registered Agent for Glincher MJC, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801		Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower, 301 E. Fourth St. Cincinnati, OH 45202	\$9,877.22	2/17 Rent
82	SVAP II Stones River, LLC	1720 Old Fort Parkway, Space #F0105 Murfreesboro, TN 37129	Aslan III Stones River, L.L.C. Stones River Mall 200 West Madison, Ste 3200 Chicago, IL 60606	The Corporation Trust Company Registered Agent for Aslan III Stones River, L.L.C. 1209 Orange St Corporation Trust Center Wilmington, DE 19801			\$5,836.20	2/17 Rent; 11/16, 1/17, 2/17 Wtr/Swr Adj
83	Cafaro	2801 Wilma Rudolph Blvd, Suite 870 Clarksville, TN 37040	Governor's Square Company 2445 Belmont Ave PO Box 2186 Youngstown, OH 44504-0186	Governor's Square Company Registered Agent 5577 Youngstown-Warren Rd Niles, OH 44446		Richard T. Davis The Cafaro Company 5577 Youngstown-Warren Rd. Niles, OH 44446	(\$14,053.84)	10/16-1/17 Rent Adj; 10/16-2/17 % Rent; 2016 ReTax Adj
84	CBL	4880 Fashion Square Mall #116 Saginaw, MI 48604	Fashion Square Mall CMBC LLC CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for Fashion Square Mall CMBS, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808			\$12,256.44	2/17 Rent; 1/17 CAM/Elec Adj

VANITY SHOP OF GRAND FORKS, INC.
Case No. 17-30112

Schedules F & G

Store Listings and Landlords

Store No.	Landlord Group	Leased Premises	Landlord Name and Address	Registered Agent and Address	Notice Address	Additional Notice	Prepetition Debt Amount	Description of Prepetition Debt
87	GGP	6191 S. State St. #148 Murray, UT 84107	Fashion Place, LLC c/o Fashion Place 110 N. Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for Fashion Place, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808			\$619.56	1/1/17 Rent
88	Rouse Properties	1300 Cache Valley Mall, Space 1340 Logan, UT 84341	Cache Valley, LLC Attn: General Counsel 1114 Avenue of the Americas, Ste. 2800 New York, NY 10036	Corporation Service Company Registered Agent for Cache Valley, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808			(\$21,739.50)	2/16-12/16 CAM Adj credit; 1/17-3/17 Rent
90	WPG	7850 Mentor Ave. Space #554B Mentor, OH 44060	Mall at Great Lakes, LLC Attn: General Counsel 180 E Broad St, Floor 20 Columbus, OH 43125	The Corporation Trust Company Registered Agent for Mall at Great Lakes, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801		Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$9,041.67	2/17 Rent
92	GGP	2625 Scottsville Road, Space #330 Bowling Green, KY 42104	Greenwood Mall L.L.C. Attn: Law/Lease Administration Department c/o Greenwood Mall 110 N. Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for Greenwood Mall L.L.C. 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808		Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natisis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$14,917.20	2/17 Rent; 1/17-2/17 CAM Adj
94	CBL	1036 Layton Hills Mall Layton, UT 84041-2103	Layton Hills Mall CMBS, LLC CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for Layton Hills Mall CMBS, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808			\$7,945.38	2/17 Rent; 1/17 Rent Adj
96	CBL	Meridian Mall, 1982 W Grand River Ave #245 Okemos (East Lansing), MI 48864	Meridian Mall Limited Partnership CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	CSC-Lawyers Incorporating Service (Company) Registered Agent for Meridian Mall Limited Partnership 601 Abbott Road East Lansing, MI 48823			\$6,464.28	2/17 Rent; 2/17 Elec
98	CBL	8 East Towne Mall, E-506 Madison East, WI 53704	Madison East Towne, LLC CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for Madison East Towne, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808			\$9,041.67	2/17 Rent
100	Cafaro	67800 Mall Road, Space 550 St. Clairsville, OH 43950	Ohio Valley Mall Company 2445 Belmont Ave PO Box 2186 Youngstown, OH 44504-0186	Michael J. Wright Registered Agent for Ohio Valley Mall Company 5577 Youngstown Warren Rd. Niles, OH 44446		Richard T. Davis The Cafaro Company 5577 Youngstown-Warren Rd. Niles, OH 44446	\$12,962.40	2/17 Rent; 1/17-2/17 Rent Adj; 2017 Ins/Priv Tax Adj
104	GGP	4800 Golf Road, Space 334 Eau Claire, WI 54701-9026	Oakwood Hills Mall, LLC Attn: Law/Lease Administration Department c/o Oakwood Mall 110 N. Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for Oakwood Hills Mall, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Oakwood Mall Attn: General Counsel 4800 Golf Road Eau Claire, WI 54701	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natisis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$14,772.47	2/17 Rent; 1/17-2/17 CAM Adj
105	PREIT	3800 State Road #16 La Crosse, WI 54601	PR Valley View Limited Partnership Attn: Director, Legal c/o PREIT Services, LLC 200 South Broad Street The Bellevue, Third Floor Philadelphia, PA 19102	The Corporation Trust Company Registered Agent for PREIT Services, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801	PR Valley View Limited Partnership Management Office Attn: General Manager, Valley View Mall 3800 State Road La Crosse, WI 54601	Jeffrey E. Kurtzman Kurtzman Steady, LLC 401 S. 2nd St., Suite 200 Philadelphia, PA 19147	\$14,402.60	2/17 Rent; 1/17 CAM Adj
106	Simon	275 Bay Park Square, #275 Green Bay 2, WI 54304-5103	Simon Capital Limited Partnership c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for Simon Capital Limited Partnership 1209 Orange St Corporation Trust Center Wilmington, DE 19801		Leslie C. Heilman Ballard Spahr, LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909 Ronald M. Tuckler Simon Property Group, Inc. & Its Related Entities 225 W. Washington St Indianapolis, IN 46204	\$14,205.80	2/17 Rent
108	GGP	4201 Coldwater Road, Space M16A Fort Wayne, IN 46805	GGP-Glenbrook L.L.C. Attn: Law/Lease Administration Department c/o Glenbrook Square 110 N. Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for GGP-Glenbrook L.L.C. 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Glenbrook Square Attn: General Manager 4201 Coldwater Boulevard Fort Wayne, IN 46805	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natisis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$1,783.08	2/17 Rent; 1/17-2/17 Retax/HVAC Adj; 2008-11 ReTax Adj
109	Simon	2894 E 3rd Street, Space P06 Bloomington, IN 47401	Simon Property Group, L.P. c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for Simon Property Group, LP 1209 Orange St Corporation Trust Center Wilmington, DE 19801		Leslie C. Heilman Ballard Spahr, LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909 Ronald M. Tuckler Simon Property Group, Inc. & Its Related Entities 225 W. Washington St Indianapolis, IN 46204	\$7,964.38	2/17 Rent
110	WPG	3501 N Granville Ave, Space L03A Muncie, IN 47303-1263	Muncie Mall, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for Muncie Mall, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801	Washington Prime Management Associates, LLC Attn: Property Management c/o WP Glincher Inc. 180 East Broad Street Columbus, OH 43215	Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$13,985.79	2/17 Rent; 1/17 % Rent

VANITY SHOP OF GRAND FORKS, INC.
Case No. 17-30112

Schedules F & G

Store Listings and Landlords

Store No.	Landlord Group	Leased Premises	Landlord Name and Address	Registered Agent and Address	Notice Address	Additional Notice	Prepetition Debt Amount	Description of Prepetition Debt
111	Rockstep Aberdeen, LLC	3315 6th Avenue SE, Suite 51 2nd Aberdeen, SD 57401-5544	Rockstep Aberdeen, LLC Attn: Tommy Stewart 1445 North Loop West, Ste. 625 Houston, TX 77008	Andy Weiner Registered Agent for Rockstep Aberdeen, LLC 1445 North Loop West, Ste. 625 Houston, TX 77008			\$5,264.61	2/17 Rent; 1/17 ReTax Adj
112	Simon	1251 US 31 North, Space F-13 Greenwood, IN 46142	Greenwood Park Mall, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for Greenwood Park Mall, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801		Leslie C. Heilman Ballard Spahr LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909 Ronald M. Tackler Simon Property Group, Inc. & Its Related Entities 225 W. Washington St. Indianapolis, IN 46204	\$17,977.76	2/17 Rent; 2016 ReTax Adj
114	WPG	2727 Fairfield Commons, Space #W223 Beavercreek, OH 45431	MFC Beavercreek, LLC Attn: General Counsel 180 E Broad St, Floor 20 Columbus, OH 43125	The Corporation Trust Company Registered Agent for MFC Beavercreek, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801		Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$15,625.00	2/17 Rent; 11/16-12/16 Rent Adj
115	WPG	2700 Miamisburg-Centerville Mall Space 370 Dayton, OH 45459	Dayton Mall II, LLC 150 East Gay Street Columbus, OH 43215	The Corporation Trust Company Registered Agent for Dayton Mall II, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801	Washington Prime Management Associates, LLC Attn: Property Management c/o WP Glimcher Inc. 180 East Broad Street Columbus, OH 43215	Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$7,650.33	2/17 Rent
116	WPG	Lima Mall, 2400 Elida Rd Lima, OH 45805	Mall at Lima, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	CT Corporation System Registered Agent for Mall at Lima, LLC 150 West Market Street, Ste. 800 Indianapolis, IN 46204	Washington Prime Management Associates, LLC Attn: Property Management c/o WP Glimcher Inc. 180 East Broad Street Columbus, OH 43215	Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$13,791.19	2/17 Rent; 1/17-2/17 % Rent
117	WPG	Southern Park Mall, 7401 Market St. Youngstown, OH 44512	Southern Park Mall, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204	CT Corporation System Registered Agent for Southern Park Mall, LLC 150 West Market Street, Ste. 800 Indianapolis, IN 46204	Washington Prime Management Associates, LLC Attn: Property Management c/o WP Glimcher Inc. 180 East Broad Street Columbus, OH 43215	Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$7,500.00	2/17 Rent
122	ST Mall Owner, LLC	10450 S State Street, Ste. 2312 Sandy, UT 84070-4131	ST Mall Owner, LLC Attn: Managing Principal 100 North Sepulveda Blvd Ste. 1925 El Segundo, CA 90245	Corporation Service Company Registered Agent for ST Mall Owner, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	ST Mall Owner, LLC c/o South Towne Mall Management Office 10450 South State Street Sandy, UT 84070		(\$2,568.65)	2/17 Rent; 12/16-2/17 % Rent; 1/17-2/17 Rent/Wir Adj; 2015 Retax Adj
124	Urban Retail Properties	Tri-County Mall, Springdale, OH Tri-County, OH 45246	Tri-County Mall, LLC Attn: Renee Bell 11700 Princeton Pike Cincinnati, OH 45246	CT Corporation System Registered Agent for Tri-County Mall, LLC 1300 East Ninth Street Cleveland, OH 44114	Arnall Golden Gregory LLP Attn: Adam Balthrop 171 17th Street NW, Suite 2100 Atlanta, GA 30363		\$2,181.66	2/17 Rent; 1/17-2/17 % Rent
126	Southgate Mall Association	2901 Brooks St, #H-2 Missoula, MT 59801-7712	Southgate Mall Associates, LLP c/o Lambros Real Estate 3011 American Way Missoula, MT 59808			Dustin P. Branch Ballard Spahr LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909	\$12,099.91	2/17 Rent; 2016 CAM/Util Adj; 1st Qtr Merchant Dues
128	GGP	601 SE Wyoming Blvd. - Space 270 Casper, WY 82609-4209	PDC-Eastridge Mall L.L.C. Attn: Law/Lease Administration Department Eastridge Mall c/o Eastridge Mall L.L.C. 110 N Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for PDC-Eastridge Mall L.L.C. 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	PDC-Eastridge Mall L.L.C. Attn: General Manager 601 SE Wyoming Boulevard Casper, WY 82609	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$13,356.73	2/17 Rent; 1/17-2/17 CAM Adj
129	CBL	1400 Dell Range Blvd., Space #91 Cheyenne, WY 82009	Frontier Mall Associates Limited Partnership CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for Frontier Mall Associates Limited Partnership 1821 Logan Ave Cheyenne, WY 82001			\$6,713.53	2/17 Rent
130	Waterloo Owner LLC	2060 Crossroads Blvd., Space 220 Waterloo, IA 50702-4400	Waterloo Owner LLC 9911 Shelbyville Road, Suite 200 Louisville, KY 40223	The Corporation Trust Company Registered Agent for Waterloo Owner LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801	GG&A Crossroads Center Attn: President c/o Gregory Greenfield & Associates, Ltd. 124 Johnson Ferry Road Atlanta, GA 30328	Jones Lang LaSalle Americas, Inc. Attn: Counsel - Crossroads Center 3344 Peachtree Road, NE, Ste. 1200 Atlanta, GA 30326	\$9,595.71	2/17 Rent
131	GK Development	1395 College Square Mall Cedar Falls, IA 50613-5267	College Square Mall Partners, LLC c/o GK Development, Inc. 257 East Main Street, Ste. 100 Barrington, IL 60010	The Corporation Trust Company Registered Agent for College Square Mall Partners, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801			\$11,017.86	2/17 Rent; 1/17 physical inventory security

VANITY SHOP OF GRAND FORKS, INC.
Case No. 17-30112

Schedules F & G

Store Listings and Landlords

Store No.	Landlord Group	Leased Premises	Landlord Name and Address	Registered Agent and Address	Notice Address	Additional Notice	Prepetition Debt Amount	Description of Prepetition Debt
132	J. Herzog	217 South 25th St, Space E-5 Fort Dodge, IA 50501-4341	Crossroads Mall 1999, LLC Attn: Vice President - Leasing 55 Public Square, Ste 1910 Cleveland, OH 44113	Martin H. Herzog Registered Agent for Crossroads Mall 1999, LLC 1720 S Bellaire St., Ste. 1209 Denver, CO 80222-4336			\$4,662.87	1/17 % Rent; 2/17 Rent
133	GK Development	2801 Grand Avenue #1375 Ames, IA 50010-4652	U.S. Bank National Association, as Trustee, as successor in interest to Bank of America, N.A., as successor by merger to LaSalle Bank National Association, as Trustee, for the registered holders of Bear Stearns Commercial Mortgage Securities Inc. Commercial Mortgage Pass-Through Certificates, Series 2007-PWR16 Attn: Michele Ray c/o C-III Asset Management LLC 5221 N O'Connor Blvd, Ste. 600 Irving, TX 75039				\$5,620.61	2/17 Rent
136	Central Richard	2201 Richland Mall, Space A4 Mansfield, OH 44906	Centro Richland LLC 2209 Richland Mall Mansfield, OH 44906	Corporation Service Company Registered Agent for Centro Richland LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808			\$5,793.95	2/17 Rent
137	WPG	4444 1st Ave NE, #78 Cedar Rapids, IA 52402	Lindale Mall, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for Lindale Mall, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801	Washington Prime Management Associates, LLC Attn: Property Management c/o WP Glimcher Inc. 180 East Broad Street Columbus, OH 43215	Leslie C. Heilman Ballard Spahr, LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909 Ronald M. Tuckler Simon Property Group, Inc. & Its Related Entities 225 W. Washington St. Indianapolis, IN 46204	\$11,184.27	2/17 Rent
138	Cafaro	555 JFK Road, Space 274 Dubuque, IA 52002	Kennedy Mall, LTD 2445 Belmont Ave PO Box 2186 Youngstown, OH 44504-0186	Michael J. Wright Registered Agent for Kennedy Mall, Ltd 5577 Youngstown-Warren Rd. Niles, OH 44446		Richard T. Davis The Cafaro Company 5577 Youngstown-Warren Rd. Niles, OH 44446	\$10,968.40	2/17 Rent; 1/17 Rent Adj; 2017 Ins Adj
139	GK Development	550 S Gear Ave, Space 33 West Burlington, IA 52655	Westland Mall Partners, LLC c/o GK Development, Inc. 257 East Main Street, Ste. 100 Barrington, IL 60010	The Corporation Trust Company Registered Agent for Westland Mall Partners, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801			\$7,178.29	2/17 Rent
140	GK Development	3940 Route 251, Ste B120 Peru, IL 61354	Peru GKD Partners, LLC c/o GK Development, Inc. 257 East Main Street, Ste. 100 Barrington, IL 60010	Garro Kholamian Registered Agent for Peru GKD Partners, LLC 257 E Main St #100 Barrington, IL 60010			\$3,408.33	2/17 Rent
141	CBL	107 St. Clair Square Fairview, IL 62208	St. Claire Square SPE, LLC CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for St. Claire Square SPE, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808			\$4,687.50	2/17 Rent
143	CBL	7200 Harrison Ave, Space E64 Rockford, IL 61112	Cherryvale Mall, LLC CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for Cherryvale Mall, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808			\$4,750.00	2/17 Rent
145	GGP	14000 Lakeside Circle #2510 Sterling Heights, MI 48313	Lakeside Mall Property LLC Attn: Law/Lease Administration Department 110 N. Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for Lakeside Mall Property LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Lakeside Mall Attn: General Manager 14000 Lakeside Circle Sterling Heights, MI 48313	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natisis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$9,880.46	2/17 Rent
146	WPG	Bloomington Court 342 West Army Trail Bloomington, IL 61018	Bloomington Court, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for Bloomington Court, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801		Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$0.00	
147	Cullinan Properties	3347 Broadway, Space 3363 Quincy, IL 62301	Quincy Cullinan, LLC 209 East State Street Columbus, OH 43215	Richard M. Joseph Registered Agent for Quincy Cullinan, LLC 416 Main St, Ste. 1123 Peoria, IL 61602	Jeff Krumpke, Attorney 416 Main, Suite 1125 Peoria, IL 61602		\$8,856.35	2/17 Rent
148	GGP	2028 Florence Mall, Space 1132 Florence, KY 41042	Florence Mall L.L.C. Attn: Law/Lease Administration Department c/o Florence Mall 110 N. Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for Florence Mall L.L.C. 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Florence Mall Attn: General Manager 2028 Florence Mall Florence, KY 41042	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natisis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$13,127.61	10/16-1/17 % Rent; 1/17-2/17 HVAC; 10/16-12/16 ReTax Adj
152	GGP	3575 N Maple Ave #164 Zanesville, OH 43701	Colony Square Mall, L.L.C. Attn: General Counsel 1114 Avenue of the Americas, Ste. 2800 New York, NY 10036	Corporation Service Company Registered Agent for Colony Square Mall, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Colony Square Mall L.L.C. Attn: General Manager 3575 Maple Ave Zanesville, OH 43701	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natisis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$5,967.13	2/17 Rent

VANITY SHOP OF GRAND FORKS, INC.
Case No. 17-30112

Schedules F & G

Store Listings and Landlords

Store No.	Landlord Group	Leased Premises	Landlord Name and Address	Registered Agent and Address	Notice Address	Additional Notice	Prepetition Debt Amount	Description of Prepetition Debt
163	Simon	1321 N. Columbia Center Blvd. #401A Kennewick, WA 99336	Columbia Mall Partnership c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438			Leslie C. Heilman Ballard Spahr, LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909 Ronald M. Tuckler Simon Property Group, Inc. & Its Related Entities 225 W. Washington St. Indianapolis, IN 46204	\$15,657.89	2/17 Rent
164	Midwest Management	750 Citadel Drive East, PO Box 52, Space #2012 Colorado Springs, CO 80909-5343	750 Citadel Drive Holdings, LLC Attn: Legal Department c/o CWC Capital Asset Management LLC 7501 Wisconsin Ave, Ste. 500 West Bethesda, MD 20814	CSC - Lawyers Incorporating Service Company Registered Agent for 750 Citadel Drive Holdings, LLC 7 St. Paul Street, Ste. 820 Baltimore, MD 21202	The Citadel 750 Citadel Dr. E, Ste. 3114 Colorado Springs, CO 80909		\$14,640.18	2/17 Rent; 1/17 CAM/Merch adj
165	Renaissance Partners I, LLC	3284 Dillon Dr, #E-08A Pueblo, CO 81008-1008	Renaissance Partners I, LLC 5547 Papyrus Circle Chicago, IL 60674-5547	The Corporation Trust Company Registered Agent for Renaissance Partners I, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801	Urban Retail Properties Co. 900 North Michigan Ave Chicago, IL 60611		(\$2,473.36)	2/17 Rent; 1/17 Promo Adj; 2015 Rent Adj
166	MLCFC 2006-4 Greeley Retail, LLC	Greeley Mall 2050 Greeley Mall Greeley, CO 80631	MLCFC 2006-4 Greeley Retail, LLC c/o LNR Partners, LLC 1601 Washington Ave., Suite 800 Miami Beach, FL 33139 MLCFC 2006-4 Greeley Retail, LLC Greeley Mall 2020 Greeley Mall Greeley, CA 80631	REJECTED SERVICE OF PROCESS (No longer agent) The Corporation Company 7700 E. Arapahoe Rd, Suite 220 Centennial, CO 80112-1268			\$4,345.50	2/17 Rent
167	WPG	Mesa Mall, 2424 Old US Hwy 6 & 50 #110 Grand Junction, CO 81505	SM Mesa Mall, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for SM Mesa Mall, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801	Washington Prime Management Associates, LLC Attn: Property Management c/o WP Glimcher Inc. 180 East Broad Street Columbus, OH 43215	Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$12,154.93	2/17 Rent; 1/16-2/17 Elec Adj
170	Macerich	6002 Slide Road, Spc B13 Lubbock, TX 79414-4301	Macerich South Plains LP Attn: Center Manager PO Box 68208 Lubbock, TX 79414	The Corporation Trust Company Registered Agent for Macerich South Plains LP 1209 Orange St Corporation Trust Center Wilmington, DE 19801	Macerich South Plains LP Attn: Legal Dept. c/o Macerich 401 Wilshire Boulevard, Ste. 700 PO Box 2172 Santa Monica, CA 90407	Dustin P. Branch Ballard Spahr LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909	\$11,564.95	2/17 Rent
171	Jones Lang LaSalle	7701 West Interstate 40 #160 Amarillo, TX 79121-0106	Amarillo Mall LLC Attn: Asset Manager/Westgate Mall B.F. Amarillo Fund, L.P. c/o Lend Lease Real Estate Investments, Inc. 3424 Peachtree Rd, NE, Ste. 400 Atlanta, GA 30326	Corporation Service Company Registered Agent for Amarillo Mall LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Managing Agent Attn: Counsel/Westgate Mall 3500 Piedmont Road NE, Ste. 600 Atlanta, GA 30305		\$1,414.70	2/17 Rent & YE adj CAM/Retax/Elec
173	Jones Lang LaSalle	4001 Sunset Dr #1102 San Angelo, TX 76904-5655	Sunset Mall SPE, LP c/o Radiant Partners, LLC 145 West 45th Street, 10th Floor New York, NY 10036	National Registered Agents, Inc. Registered Agent for Sunset Mall SPE, LP 160 Greentree Dr, Ste. 101 Dover, DE 19904	Sunset Mall SPE, LP c/o Jones Lang LaSalle Management Services, Inc. 3344 Peachtree Road NE, Ste. 1200 Atlanta, GA 30326	Sunset Mall SPE, LP Attn: General Manager 4001 Sunset Drive, Ste. 1182 San Angelo, TX 76904	\$5,194.81	2/17 Rent
174	CBL	6155 Eastex Freeway, Space 266 Beaumont, TX 77706-6797	Parkdale Mall CMBS, LLC CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for Parkdale Mall CMBS, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808			\$15,330.94	2/17 Rent
176	Simon	4511 N. Midkiff Drive #E03 Midland, TX 79705	Midland Park Mall, L.P. M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for Midland Park Mall, L.P. 1209 Orange St Corporation Trust Center Wilmington, DE 19801			(\$151.25)	2016 ReTax Adj; 1/17 Rent Adj
177	Simon	Firewheel Town Center, 255 Cedar Sage Dr. Garland, TX 75040	Simon Property Group (Texas), L.P. c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	CT Corporation System Registered for Simon Property Group (Texas), L.P. 1999 Bryan St, Ste. 900 Dallas, TX 75201-3136		Leslie C. Heilman Ballard Spahr, LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909 Ronald M. Tuckler Simon Property Group, Inc. & Its Related Entities 225 W. Washington St. Indianapolis, IN 46204	\$0.00	

VANITY SHOP OF GRAND FORKS, INC.
Case No. 17-30112

Schedules F & G

Store Listings and Landlords

Store No.	Landlord Group	Leased Premises	Landlord Name and Address	Registered Agent and Address	Notice Address	Additional Notice	Prepetition Debt Amount	Description of Prepetition Debt
178	Simon	4601 S Broadway Ave Tyler, TX 75703	Simon Property Group (Texas), L.P. c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	CT Corporation System Registered Agent for Simon Property Group (Texas), L.P. 1999 Bryan St, Ste. 900 Dallas, TX 75201-3136		Leslie C. Heilman Ballard Spahr, LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909 Ronald M. Tuckler Simon Property Group, Inc. & Its Related Entities 225 W. Washington St. Indianapolis, IN 46204	\$0.00	
179	WPG	3500 McCann Rd Longview, TX 75605	Mall at Longview, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	CT Corporation System Registered Agent for Mall at Longview, LLC 150 West Market Street, Ste. 800 Indianapolis, IN 46204	Washington Prime Management Associates, LLC Attn: Property Management c/o WP Glimcher Inc. 180 East Broad Street Columbus, OH 43215	Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$6,511.32	2/17 Rent
181	CBL	223 Monroeville Mall Monroeville, PA 15146	CBL/Monroeville, L.P. CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for CBL & Associates Management, Inc. 2711 Centerville Rd, Ste. 400 Chattanooga, TN 37421-6000			\$6,629.53	2/17 Rent
183	WPG	100 Grand Central Mall Parkersburg, WV 26105	Grand Central Parkersburg LLC Attn: General Counsel 180 East Broad St., 21st Floor Columbus, OH 43215	The Corporation Trust Company Registered Agent for Grand Central Parkersburg LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801	Washington Prime Management Associates, LLC Attn: Property Management c/o WP Glimcher Inc. 180 East Broad Street Columbus, OH 43215	Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$8,830.33	2/17 Rent; 1/17-2/17 Elec
184	WPG	9317 Mall Road, Space #317 Morgantown, WV 26501	Morgantown Mall Associates Limited Partnership Attn: General Counsel 180 East Broad Street, 21st Floor Columbus, OH 43215	CT Corporation System Registered Agent for Morgantown Mall Associates Limited Partnership 1300 East Ninth Street Cleveland, OH 44114	Morgantown Mall Associates Limited Partnership Morgantown Mall 9500 Mall Road Morgantown, WV 26501	Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$14,038.23	2/17 Rent
185	Wilmoreite Management Group, LLC	701 Miracle Mile Drive Rochester, NY 14623	The Marketplace Attn: General Counsel 1265 Scottsville Road Rochester, NY 14624				\$5,575.00	2/17 Rent; 2016 Water Adj
190	J Herzog	4125 West Garriot Road 1 F-2 Enid, OK 73703-4816	Oakwood Mall 2001, LLC Attn: Mail Manager 4125 West Owen K Garriott Rd, Ste 2000 Enid, OK 73703	Martin H. Herzog Registered Agent for Oakwood Mall 2001, LLC 1720 S Bellaire St., Ste. 1209 Denver, CO 80222-4336			\$3,242.68	2/17 Rent
195		1901 NW Expressway, Suite 2006A City, OK 73118	Oklahoma Penn Square Mall, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for Penn Square Mall, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801			\$267.81	2016 ReTax Adj
199	Simon	7021 South Memorial Drive, Suite 221 Tulsa, OK 74133	Woodland Hills Mall, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for Woodland Hills Mall, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801		Leslie C. Heilman Ballard Spahr, LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909 Ronald M. Tuckler Simon Property Group, Inc. & Its Related Entities 225 W. Washington St. Indianapolis, IN 46204	\$9,505.23	2/17 Rent; 2016 ReTax adj; 8/15-12/16 Elec Adj
202	Simon	2501 West Wabash Ave., Space E-11 Springfield, IL 62704	Mall at White Oaks, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for Mall at White Oaks, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801		Leslie C. Heilman Ballard Spahr, LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909 Ronald M. Tuckler Simon Property Group, Inc. & Its Related Entities 225 W. Washington St. Indianapolis, IN 46204	\$9,401.93	2/17 Rent
203	WPG	2200 W War Memorial Dr, Space DL07 Peoria, IL 61613	Northwoods Shopping Center, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	CT Corporation System Registered Agent for Northwoods Shopping Center, LLC 150 West Market Street, Ste. 800 Indianapolis, IN 46204	Washington Prime Management Associates, LLC Attn: Property Management c/o WP Glimcher Inc. 180 East Broad Street Columbus, OH 43215	Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$8,342.97	2/17 Rent
207	CBL	Brookfield Square, 95 N. Moorland Rd Space #D2 Brookfield, WI 53005	Brookfield Square Joint Venture CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Brookfield Square Joint Venture Registered Agent 2030 Hamilton Place Boulevard CBL Center, Ste. 500 Chattanooga, TN 37421			\$5,833.33	2/17 Rent

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedules F & G

Store Listings and Landlords

Store No.	Landlord Group	Leased Premises	Landlord Name and Address	Registered Agent and Address	Notice Address	Additional Notice	Prepetition Debt Amount	Description of Prepetition Debt
209	Rouse Properties	3000 East Highland, Suite 602 Jonesboro, AR 72401	RPI Turtle Creek Mall, LLC Attn: General Counsel 1114 Ave of the Americas, Ste. 2800 New York, NY 10036	Corporation Service Company Registered Agent for RPI Turtle Creek Mall, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	RPI Turtle Creek Mall, LLC PO Box 643614 Cincinnati, OH 45264-3614	RPI Turtle Creek Mall, LLC Attn: General Manager 3000E Highland Dr, #200 Jonesboro, GA 72401	\$10,001.51	2/17 Rent; 2015 ReTax/Ins Adj
210	Jones Lang LaSalle	5111 Rogers Ave. Box 40A Fort Smith, AR 72903-2033	Fort Smith Mall LLC c/o Gregory Greenfield & Associates Attn: Asset Manager/ Central Mall (Fort Smith) 124 Johnson Ferry Rd Atlanta, GA 30328	The Corporation Trust Company Registered Agent for Fort Smith Mall LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801	Jones Lang LaSalle Americas, Inc. Attn: Counsel - Central Mall (Fort Smith) 3344 Peachtree Road, NE, Ste. 1200 Atlanta, GA 30326		\$11,299.31	2/17 Rent
212	WPG	2625 Northtown Drive, Space H-20 Blaine, MN 55434	Glimcher Northtown Venture, LLC 180 East Broad Street, 21st Floor Columbus, OH 43215	REJECTED SERVICES OF PROCESS (Not on their records.) The Corporation Trust Company Registered Agent for Glimcher Northtown Venture, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801	Washington Prime Management Associates, LLC Attn: Property Management c/o WP Glimcher Inc. 180 East Broad Street Columbus, OH 43215	Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$14,019.07	1/17 Elec; 2/17 Rent
213	CBL	1178 Burnsville Center, Space 1080 Burnsville, MN 55306	Burnsville Center SPE, LLC CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for Burnsville Center SPE, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808			\$6,400.28	2/17 Rent
214	Dial	2918 Vine Street, Space 270 Hays, KS 67601	Hays Mall, L.L.C., successor in interest to Warmack-Rogers Avenue Limited Partnership Warmack-Rogers Avenue Limited Partnership c/o Warmack and Company, LLC 650 Central Mall Texarkana, TX 75503-2497	Hays Mall LLC Registered Agent 2918 Vine Street Hays, KS 67601	Hays Mall, LLC Asset Manager 11506 Nicholas Street, Ste 100 Omaha, NE 68154		\$6,028.63	2/17 Rent; 11/16-1/17 Rent Adj
217	GGP	410 Four Seasons Blvd, Space #146 Greensboro, NC 27427	GGP-Four Seasons L.L.C. Attn: Law/Lease Administration Dept c/o Four Seasons Town Centre 110 N Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for GGP-Four Seasons L.L.C. 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Four Seasons Town Centre Attn: General Manager 410 Four Seasons Town Centre Greensboro, NC 27427	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natsis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$8,151.08	2/17 Rent; 1/17 HVAC Adj; 9/16 Adj
218	CBL	Asheville Mall, 3 S Tunnel Road Asheville, NC 28805	Asheville Mall CMBS, LLC CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for Asheville Mall CMBS, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808			\$4,958.33	2/17 Rent
219	CBL	Hanes Mall, 3320 Silas Creek Parkway Winston-Salem, NC 27103	JG Winston-Salem, LLC CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for JG Winston-Salem, LLC 50 West Broad Street, Ste. 1330 Columbus, OH 43215			\$8,496.08	2/17 Rent; 10/16-2/17 Wtr/Swr
220	GGP	658 Apache Mall Space 220 Rochester, MN 55902	Apache Mall, LLC Attn: Law/Lease Administration Department c/o Apache Mall 110 N Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for Apache Mall, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Apache Mall Attn: General Manager 333 Apache Mall, Ste. 333 Rochester, MN 55902	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natsis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$22,684.06	2/17 Rent & YE adj CAM/Retax/Elec
221	GGP	3301 144th St. S., Suite 1025 Omaha, NE 68144	Oak View Mall L.L.C. Attn: Law/Lease Administrative Dept c/o Oak View Mall 110 Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for Oak View Mall L.L.C. 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Oak View Mall Attn: General Manager 3001 South 144th St, Ste. 2029 Omaha, NE 68144	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natsis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$10,017.80	2/17 Rent
223	Birchwood Mall, LLC	4350 24th Ave Fort Gratiot, MI 48059	Birchwood Mall, LLC ATTN: General Counsel 1114 Avenue of the Americas, Suite 2800 New York, NY 10036	CSC-Lawyers Incorporating Service (Company) 601 Abbot Road East Lansing, MI 48823		Birchwood Mall ATTN: General Manager 4350 24th Avenue PO Box 4350 Fort Gratiot, MI 48059	\$4,200.52	2/17 Rent
226	WPG	2033 Maplewood Mall Dr Maplewood, MN 55109	Maplewood Mall, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	CT Corporation System Registered Agent for Maplewood Mall, LLC 150 West Market Street, Ste. 800 Indianapolis, IN 46204	Washington Prime Management Associates, LLC Attn: Property Management c/o WP Glimcher Inc. 180 East Broad Street Columbus, OH 43215	Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$12,379.93	2/17 Rent
230	Simon	2825 Glenstone Avenue E04C Springfield, MO 65804-3723	Battlefield Mall, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for Battlefield Mall, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801		Leslie C. Heilman Ballard Spahr, LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909 Ronald M. Tuckler Simon Property Group, Inc. & Its Related Entities 225 W. Washington St. Indianapolis, IN 46204	\$15,403.42	2/17 Rent; 2016 ReTax Adj

VANITY SHOP OF GRAND FORKS, INC.

Case No. 17-30112

Schedules F & G

Store Listings and Landlords

Store No.	Landlord Group	Leased Premises	Landlord Name and Address	Registered Agent and Address	Notice Address	Additional Notice	Prepetition Debt Amount	Description of Prepetition Debt
232	GGP	Columbia Mall, 2300 Bernadette Dr, Ste. #318 Columbia, MO 65203	Columbia Mall L.L.C. Attn: Law/Lease Administrative Dept c/o Columbia Mall (MO) 110 N Wacker Dr. Chicago, IL 60606	Corporation Service Company Registered Agent for Columbia Mall L.L.C. 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808	Columbia Mall (MO) Attn: General Manager 2300 Bernadette Dr. Columbia, MO 65203	Thor McLaughlin Ivan M. Gold Allen Matkins Leck Gamble Mallory & Natsis LLP Three Embarcadero Center, 12th Floor San Francisco, CA 94111-4074	\$6,667.50	2/17 Rent; 1/17 rent credit; 10/16 Const util; 2016 Retax adj
233	MD Management, Inc.	3702 Frederick Ave #22 St. Joseph, MO 64506	Belt Highway, L.P. Law Department c/o M.D. Management, Inc 5201 Johnson Drive, Ste. 411 Mission, KS 66205	The Corporation Trust Company Registered Agent for Belt Highway, L.P. 1209 Orange St Corporation Trust Center Wilmington, DE 19801	East Hills Mall c/o Management Office 3702 Frederick Blvd St. Joseph, MO 64506		\$6,602.77	2/17 Merchant Dues; 2/17 Rent
234	CBL	1010 Mid Rivers Mall St. Peters, MO 63376	Mid Rivers Mall CMBS, LLC CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for Mid River Mall CMBS, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808			\$4,770.25	2/17 Rent
235	CBL	South County Center, 415 S County Center Way St. Louis, MO 63129	South County Shoppingtown LLC CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for South County Shoppingtown LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808			\$10,794.70	2/17 Rent
236	CBL	101 North Range Line Space 230 Joplin, MO 64801	Northpark Mall/Joplin, LLC CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for Northpark Mall/Joplin, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808			\$12,711.74	2/17 Rent
244	Lexington Realty International, LLC	1110 N Quincy Ave Box 18, Space #2 Ottumwa, IA 52501	Quincy Place Holdings LLC c/o GJ Realty 49 West 37th St, 9th Floor New York, NY 10018-6257	Registered Agent Solutions, Inc. Registered Agent for Quincy Place Holdings LLC 1679 S Dupont Hwy, Ste. 100 Dover, DE 19901	Quincy Place Holdings, LLC c/o Lexington Realty 911 East County Line Rd, Ste 203 Lakewood, NJ 08701		\$3,726.11	2/17 Rent
245	Watson Centers Inc.	West Des Moines, IA	Valley West Mall, LLC 3100 West Lake St, Ste. 420 Minneapolis, MN 55416-4599	National Registered Agents, Inc. Registered Agent for Valley West Mall, LLC 160 Greentree Dr, Ste. 101 Dover, DE 19904			\$7,633.33	2/17 Rent
249	CBL	Independence Center 18813 East 39th St S #2048 Independence (Overland Park), KS 64057	Oak Park Mall, LLC CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for Oak Park Mall, LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808			\$0.00	
250	Garden City Plaza LLC	2214 E Kansas Ave Garden City, KS 67846	Garden City Plaza, LLC The RBS Group LLC PO Box 540523 Omaha, NE 68154	Hays Mall LLC Registered Agent for Garden City Plaza, LLC 2918 Vine St Hays, KS 67601			\$4,849.13	2/17 Rent
251	Urban Retail Properties	2259 South 9th Street, #26 Salina, KS 67401-7313	Central Mall Realty Holding, LLC 1010 Northern Blvd, Suite 212 Great Neck, NY 11021 Overland Park, KS 66210	DSO Service Corporation Registered Agent for Central Mall Realty Holding, LLC 11040 Oakmont Overland Park, KS 66210			\$7,719.11	2/17 Rent
254	Urban Retail Properties	100 Manhattan Town Center, Space 685 Manhattan, KS 66502	Urbanal Manhattan Town Center, LLC Attn: Chief Executive Officer 111 East Wacker Dr., Ste. 2400 Chicago, IL 60601	The Corporation Trust Company Registered Agent for Urbanal Manhattan Town Center, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801	Manhattan Town Center Attn: Property Manager 100 Manhattan Town Center Manhattan, KS 66502		\$11,886.89	2/17 Rent
255	WPG	1801 SW Wanamaker Rd Topeka, KS 66604	West Ridge Mall, LLC c/o M.S. Management Associates Inc. 225 West Washington St Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for West Ridge Mall, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801	Washington Prime Management Associates, LLC Attn: Property Management c/o WP Glimcher Inc. 180 East Broad Street Columbus, OH 43215	Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$8,034.18	2/17 Rent
271	CBL	3401 South Highway 41, Space J-7 Terra Haute, IN 47802	Honey Creek Mall, LLC CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for Honey Creek Mall, LLC 135 North Pennsylvania St, Ste. 1610 Indianapolis, IN 46204		Caleb T. Holzaepfel Husch Blackwell LLP 736 Georgia Ave., Suite 300 Chattanooga, TN 37402-2059	\$15,739.89	2/17 Rent; 10/16-12/16 % Rent
272	Simon	2415 Sagamore Pkwy S, Space #C01 Lafayette, IN 47905-5124	Simon Property Group, L.P. c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	REJECTED SERVICE OF PROCESS (Not the registered agent) Corporation Service Company Registered Agent for Simon Property Group, LP 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808		Leslie C. Heilman Ballard Spahr, LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909 Ronald M. Tuckler Simon Property Group, Inc. & Its Related Entities 225 W. Washington St Indianapolis, IN 46204	\$13,641.23	2/17 Rent; 1/17 % Rent; 2/17 Trash Adj
275	Cafaro	2121 N. Monroe St, Space #565 Monroe, MI 48162	Frenchtown Square Partnership 2445 Belmont Ave PO Box 2186 Youngstown, OH 44504-0186	Frenchtown Square Partnership Registered Agent 5577 Youngstown-Warren Rd Niles, OH 44446		Richard T. Davis The Cafaro Company 5577 Youngstown-Warren Rd. Niles, OH 44446	\$27,207.26	2/17 Rent; 1/17-2/17 % Rent; 1/17 Security

VANITY SHOP OF GRAND FORKS, INC.
Case No. 17-30112

Schedules F & G

Store Listings and Landlords

Store No.	Landlord Group	Leased Premises	Landlord Name and Address	Registered Agent and Address	Notice Address	Additional Notice	Prepetition Debt Amount	Description of Prepetition Debt
276	Spinoso Real Estate Group	3365 South Linden Road, Space 570 Flint, MI 48507	LSREF3 Spartan (Genesee), LLC Attention Asset Manager 2711 N. Haskell Ave, Ste. 1700 Dallas, TX 75204	The Corporation Trust Company Registered Agent for LSREF3 Spartan (Genesee), LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801	Hudson Americas, LLC Attn: Legal Dept. 2711 N Haskell Ave, Ste. 1800 Dallas, TX 75204	Spinoso Real Estate Group 100 Northern Concourse North Syracuse, NY 13212 Genesee Valley Center G-3341 South Linden Road Flint, MI 48507	\$10,288.11	1/17-2/17 % Rent; 1/17-2/17 Swr/Wtr/Elec/HVAC
277	Fairman	6800 Eastman Ave E552 Midland, MI 48642	Midland Mall LLC CBL & Associates Management, Inc. 2030 Hamilton Place Boulevard CBL Center, Suite 500 Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for Midland Mall LLC 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808			\$7,757.44	1/17-2/17 % Rent; 1/17 Elec
285	CBL	South County Center 18 South County Center Way Mehlville, MO 63129	South County Shoppingtown, LLC CBL & Associates Management, Inc. CBL Center, Suite 500 2030 Hamilton Place Boulevard Chattanooga, TN 37421-6000	Corporation Service Company Registered Agent for South County Shoppingtown LLC 2711 Centerville Road, Suite 400 Wilmington, DE 19808			\$0.00	
286	WPG	Southdale Center 10 Southdale Center Edina, MN 55435	Southdale Center, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for Southdale Center, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801		Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$0.00	
287	Simon	Barton Creek Square 2901 S Capital of Texas Hwy Austin, TX 78746	Simon Property Group (Texas), L.P. c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438			Leslie C. Heilman Ballard Spahr, LLP 2029 Century Park East, Suite 800 Los Angeles, CA 90067-2909 Ronald M. Tuckler Simon Property Group, Inc. & Its Related Entities 225 W. Washington St. Indianapolis, IN 46204	\$0.00	
288	WPG	Penn Square Mall 1901 Northwest Expressway Oklahoma City, OK 73118	Penn Square Mall, LLC c/o M.S. Management Associates Inc. 225 West Washington Street Indianapolis, IN 46204-3438	The Corporation Trust Company Registered Agent for Penn Square Mall, LLC 1209 Orange St Corporation Trust Center Wilmington, DE 19801		Ronald E. Gold Frost Brown Todd LLC 3300 Great American Tower 301 E. Fourth St. Cincinnati, OH 45202	\$0.00	
297	Barrier Lake Investments, LLC	E-Commerce, ND	2222 N 7th LLC 4300 Park Glen Road St. Louis Park, MN 55416-4759	Paul F. Commers Registered Agent 4300 Park Glen Road St. Louis Park, MN 55416-4759			\$3,142.36	Real Estate Taxes for 1/2 year
							\$1,332,783.47	